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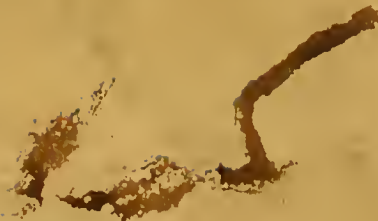
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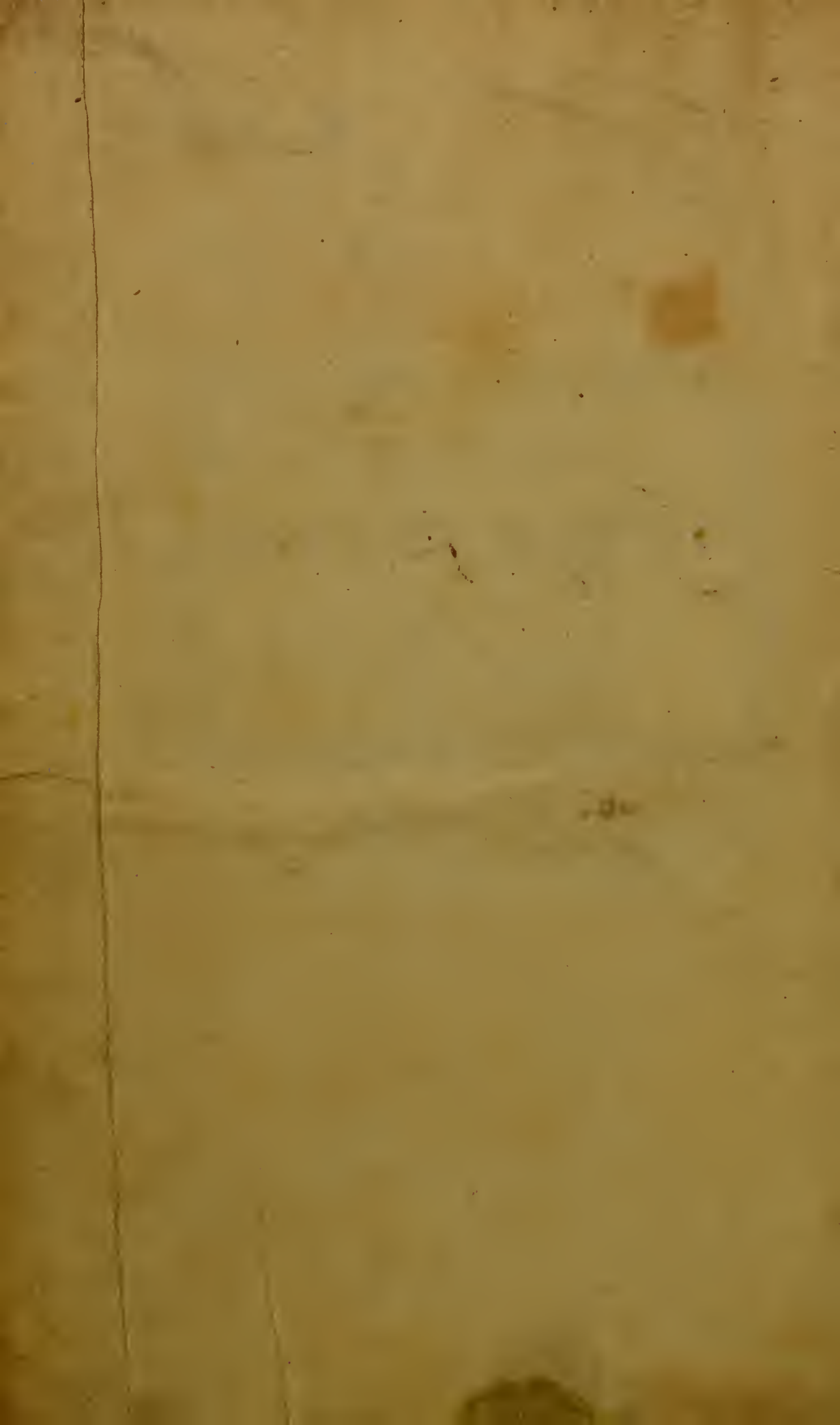
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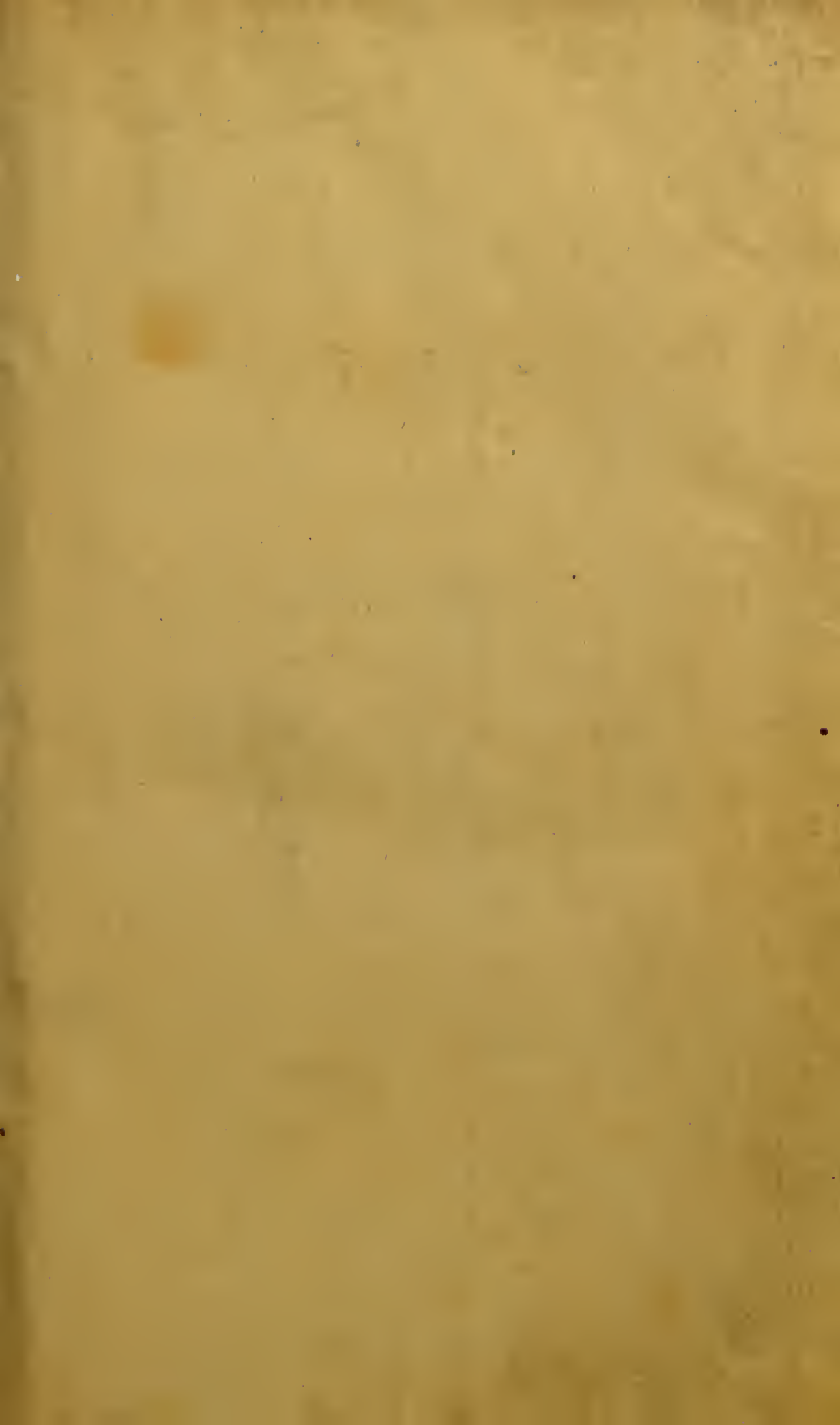


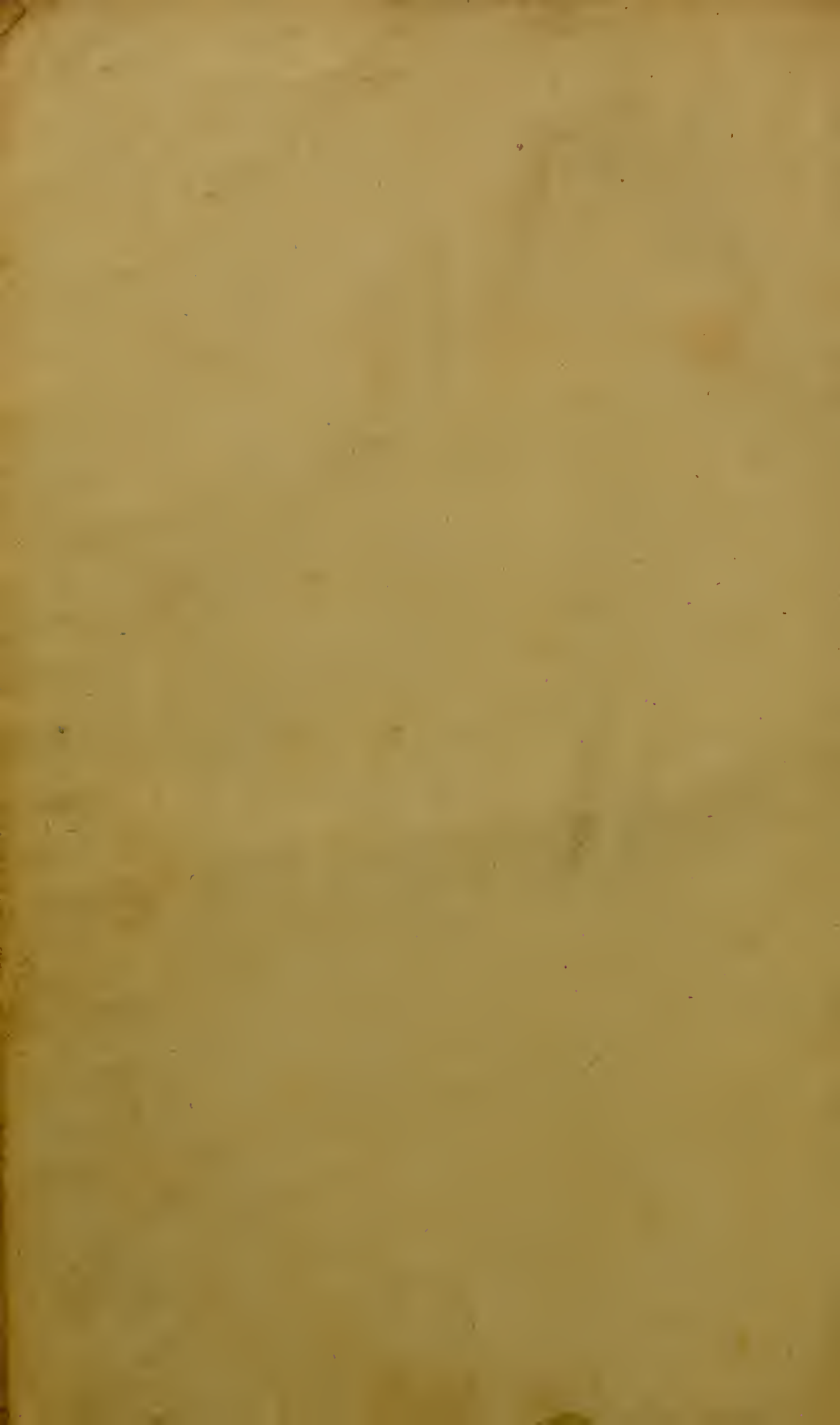
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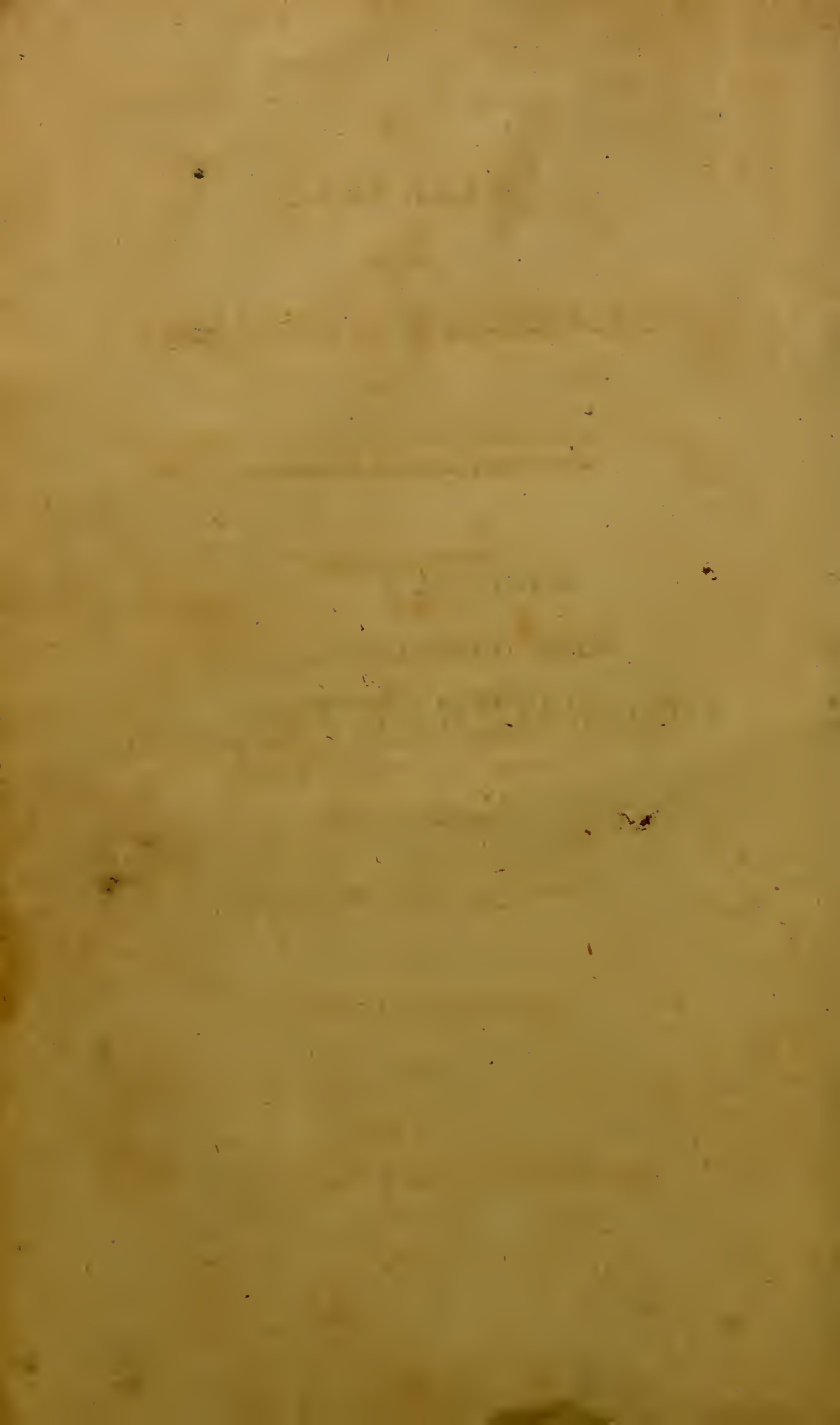








ON  
DISEASES  
OF THE  
*GENERATIVE SYSTEM.*





ON  
DISEASES  
OF THE  
GENERATIVE SYSTEM:

CONTAINING  
THE PRACTICAL TREATISE ON THE INTERNAL USE OF CANTHARIDES IN  
GLEET, SEMINAL EMISSION, LEUCORRŒA, &c.

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BY  
JOHN ROBERTON, M. D.

*Late of Edinburgh,*

AUTHOR OF "MEDICAL POLICE, OR THE CAUSES OF  
DISEASE," AND "ON STRICTURE."

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ILLUSTRATED WITH TWELVE PLATES.

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THE SECOND EDITION.

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The reader is requested to correct the following ERRATA, which, with perhaps some few other trifling errors, have, in the hurry of professional duty, been overlooked.

Page. line.

- 1 2 from the bottom, for *into the* read *several*.
- 18 7 from the bottom, for *finbricated* read *finbriated*.
- 60 Top of the page, insert *Chap. III. Pathology of the Female Organs of Generation*.
- 72 9 from the bottom, for *cathartus* read *cathartics*.
- 100 17 from the bottom, for *case* read *cause*.
- 148 5 for *more* read *less*.
- 153 10 for *half a dram* read *half an ounce*.
- 154 14 for *gleet* read *gleety*.
- 154 8 from the bottom, insert *two ounces*
- 178 6 from the bottom, for *glans* read *glands*.
- 185 8 for *willing* read *unwilling*.
- 195 14 from the bottom, after *disease* read *has occasioned*.
- 196 5 for *deposition* read *deposition*.
- 222 9 from the bottom, for *proves* read *prove*.
- 233 9 from the bottom, for *more* read *most*.
- 268 10 read *with her rapidly encreasing, &c.*
- 274 last line, for *half an ounce* read *half a dram*.
- 289 5 from the bottom, for *glans* read *glands*.
- 292 17 from the bottom, for *found* read *find*.
- 295 24 after *of* insert *mucilage of*
- 303 11 from the bottom, for *preventatives* read *preventives*.
- 311 6 from the bottom, for *pressure* read *prepuce*.
- 318 7 for *dispositio* read *disposed*.
- 332 1 from the bottom, for *either* read *whether*.
- 352 12 from the bottom, insert *the mouth* after *and*.
- 424 19 dele *them*.

TO  
DR. BAILLIE.

---

DEAR SIR,

*WHEN I first proposed to dedicate this book to you, it did not occur to me that Mr. Home, whose opinions are freely discussed in the course of it, is your relative. But, when you permitted me to address it to you, you evinced your conviction, that, in such discussions, personal or private motives have not influenced my conduct. It is not, indeed, the personal or private, but the published opinions alone, of authors, that I have examined. I know also that I am, in common with others, liable to similar treatment; and I am sure I shall feel no other emotion, in having my own errors pointed out, than that which excite to the correction of them on the first opportunity.*

*From Mr. Home's doctrines indeed being so closely allied to the subject of the present publication, an examination of his opinions was absolutely necessary to my plan. But I do assure you, that, although I have spoken of them with perhaps some severity, I feel the highest respect for the industry and scientific researches of that gentleman. His labours in Comparative Anatomy will at all times deservedly place him high in public estimation.*



*In dedicating, then, this work to you, I cannot help remarking, that I am perhaps influenced by other sensations, and actuated by different feelings, from those usually felt on similar occasions. In the earlier periods of my life, I listened with the most lively interest to the tales of my native village, respecting the toils and difficulties, in the midst of which, and consequently in unnoticed obscurity, those celebrated men, Dr. William Hunter, Mr. John Hunter, and Dr. Cullen, struggled to arrive at that celebrity which at last they attained; and I contemplated with delight their well-earned fame. Such reflections, even now, make me proud of having been brought up in the place which gave birth to such distinguished characters.*

*Permit me to add, that the gratifying reflection of your also being a native of that place, on which, from your justly acquired fame, you have been enabled, annually, to confer so many marks of your benevolence, gives me greater pleasure than I shall here attempt to describe.*

*Reflecting on you all, as models for the imitation of those who follow you in the same honourable career, I subscribe myself, with the greatest respect and esteem,*

*DEAR SIR,*

*Your most obedient,*

*And very humble Servant,*

*JOHN ROBERTON.*

*64, Jermyn Street,  
St. James's.*

## INTRODUCTION.

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NOTWITHSTANDING the multitude of books, pamphlets, &c. on medical subjects, with which the world has already been favoured, and which are daily issuing from the press, it appears to me, that a rational examination respecting the nature and treatment of many of the diseases of the *Generative System* has been too much neglected. The practice adopted in them has consequently been very often unsuccessful; and, viewing it even in its most favourable light, if the original affection may have been removed, the means employed have too often given origin to other diseases of a more unpleasant nature than the one for the removal of which such treatment was applied. Of this, I have witnessed many instances, particularly in cases of the disease erroneously termed *Permanent Stricture*,—a name now ridiculously applied to too many diseases of these parts. Indeed, the opinions inculcated, and rules of practice advanced, in many of these

publications, modern as well as ancient, are fraught with what I conceive to be nearly approaching to absurdity, and demonstrate, at a single glance, the ignorance of their authors respecting those laws of the animal economy, with which every one ought to be well acquainted, before he attempts to prescribe for any important disease.

In following many of the rules of these writers, and in attempting to imitate their too often confused and improbable statements, disappointment, such as frequently happened with myself, must have been experienced by others in a variety of instances. It was the frequent repetition of such unpleasant occurrences, in my treatment of these important and very general diseases, that first convinced me of the necessity of exercising some independence of thought in my reasoning and practice ; and of following those rules alone which would be supported by such reasoning as might of itself be at least as easily understood, as the rules which it inculcated.

The chronic diseases, to be examined in this work, (a brief account of a few of which I sometime ago laid before the public), were, previous to that period, either secretly felt, or openly avowed, to be incurable. But it affords me no small degree of gratification, to find, that, wherever the liberal and candid have patiently followed the mode of cure pointed out by me, they



have, after a little practice, been as successful as I have been.

Since that time, I have carried my investigations somewhat further, and I have found, to my entire satisfaction, that somewhat similar reasoning is equally applicable to several other forms of disease, which, from statements in medical books, I, in common with the public in general, had long conceived to be irremediable.

But, in prosecuting this subject, I neither have published, nor do I ever intend to publish, opinions from the reports of others. I state nothing but what repeated experience has convinced me of; and if, from the *experience* of others, it can be proved that I have in any way erred, I shall, with the greatest pleasure, listen to such opinions, and most assuredly confess my error. No one really anxious for the improvement of the subject on which he writes, will ever conceive it any degradation for him openly to retract any statement which may at a future period be found defective. It is by the want of such open, liberal, and candid conduct, that medical science has been much retarded; and it is only by adopting such conduct, that it can ever, in a remarkable degree, be benefited and improved.

Although, then, in the present work, the evidence of facts, and a pretty extensive experience, compel me to dissent from some of my contemporaries; yet, I shall do them every jus-



tice where the particular nature of my subject will admit of it, while I, at the same time, shall on no account whatever be intimidated from stating my objections where they seem in fault.

The erroneous opinions of those men who stand highest in the public opinion, ought indeed to be pointed out with the greatest freedom: For, whatever is either said or done by such men, is not uncommonly, even without much examination, held up to us as a model for our imitation; while the most important truths, from more obscure characters, are usually heard and believed with the very greatest caution. But whatever I do in this way, I wish it to be particularly understood, both by the gentlemen themselves and their admirers, that it is truth alone I am in pursuit of, not victory: The establishment of any one important fact, which was formerly influenced by error, will give me a pleasure which I should fail in attempting to describe.

I am sensible that prejudices from first impressions are difficult of removal. They are not in general to be at once overturned by <sup>a</sup>clear~~er~~ and more forcible argument; but only by a slow and gradual revolution of the mind, which time alone can effect. The mind must first be divested of its incorrect habits of thinking, from whatever source these may have been acquir-

ed, before it can even be open to that which is right.

I believe none will dissent from me when I assert, that every public statement, as well as every work, is equally open to fair criticism; and while it is examined fairly and candidly, though perhaps, as the author may think, rather roughly, he cannot complain. The very act of publishing is an appeal to the public, claiming superiority over other works of a similar nature; and it is therefore for the benefit of the public, that fair and impartial critical examinations are undertaken. An author then, possessing either a liberal mind or just principles, will rather rejoice to see his errors corrected, than allow them to pass into the world, where they may do much harm.

I am well aware that indiscriminate approbation is certainly both an easier and a more pleasant task than fairly to find fault with, and justly to condemn; because in bestowing indiscriminate approbation (perhaps one of our greatest bars to the advancement of science), it is not necessary for the writer to have any thing more than a general knowledge of his subject; and disaprobation, applied in the same indiscriminate way, unless

it adduces stable argument for its principle, inviting the most minute examination, is, though less pleasant, equally easy and perhaps oftener resorted to than even the former. The sort of criticism, however, which is beneficial to society, and which indeed deserves the name of criticism, is that which, laying all partiality aside both for and against the author, consists in a candid examination of the principles he has adopted, and of the benefits he has bestowed on mankind in support of them: not, as is too generally done, by holding up his doctrines to the world in mangled extracts, or in statements which either (in that form) convey nothing, or disfigure his truths.

In my private correspondence with various intelligent persons, respecting the nature of my opinions and practice, as well as in my critical examination of the works of others, particularly on diseases of the generative system, it has been perhaps justly observed, that the severity of my style of writing, and my disposition to find fault, were considerable, and the keenness of these criticisms perhaps unnecessary. I may here remark, that my enthusiasm for the improvement of my profession may have induced me to employ some



degree of acrimony in my writings ; but from no other motive have I ever done so. I may also add, that I only wish I had not had such an ample field for finding fault, nor such opportunities of employing critical severity. Indeed, nothing even then, where I myself might alone be personally concerned, could have induced me to use it, but the alleviation of human suffering and human misery,—the subject that alone ought to plead my excuse against every lesser fault. In the ordinary duties of life, I hope I am as mild as any one ; but I believe I seldom allow matters of great public importance, upon which I have ventured to write, to suffer from that cause. This disposition, I know, unless viewed as it really is and ought to be examined, is perhaps for myself alone an unfortunate one. Still, I may remark, that I never did, nor ever shall, to my knowledge, wantonly wound either the feelings, or hurt the interest, of any living being. But when I see what I deem science and humanity trampled upon, I always shall, at the risk of every private or personal consideration, stand forward in defence of such interesting objects.

I am well aware of the truth of the remark of an eminent author, that “ he who attempts to shew the failures of a celebrated writer, shall surely irritate his admirers, and incur the imputation of envy, captiousness and malignity.” Yet such imputation has no earthly weight with



me ; for, as expressed by the same author, “ if there is any writer whose genius can embellish impropriety, and whose authority can make error venerable, his works are the proper objects of critical examination.” On this principle alone I shall attempt to proceed. To endeavour, at the expence of truth, to please every one ; to allow gentleness, or politeness to the author himself, to hurt an argument, where personalities can never in justice be recognized, and where perhaps the lives of millions are at stake ; to estimate those works highly because the author has, by some casual accident perhaps, gained a reputation in the world,—are qualities which I neither possess, nor do I envy in him who possesses them. They only tend to retard the improvement of an honourable, useful, but imperfect profession ; and the man of talent, or of genuine philanthropy, will spurn at such false delicacy.

Still, however, I wish it to be particularly understood, in addition to what I have already stated, that, in my examination of any public statement, I scorn to be influenced by personal or private motives, or by any circumstance but what seems to *me* the merit or demerit of the subject itself. I believe, in these matters, my conduct will always be the same, (if other circumstances sanction it), to my nearest relation, as to my most inveterate enemy ; to the author at present in

existence, as to him who lived a thousand years ago. I sincerely wish the same sort of spirit were more universally diffused ; and, that it were not supposed, as is too commonly the case, that in pointing out an error in any man's public character, you allude to his every private and most sacred transaction.

Every one, then, who is engaged in the laborious task of attending the sick, is bound to deliver his sentiments with that manliness and independence, which ought to characterize those connected with a profession which *should have* for its very basis the purest sentiments of liberality. Nor should he, if his wish is to improve medical science, be intimidated or deterred, because names of acknowledged repute give their sanction to opposite opinions. It ought, on the contrary, to be remembered, as expressed by a certain philosopher, that “ the influence of names is in exact proportion to the want of knowledge.” I have no hesitation in saying, that too great a deference to them has, at all times, been highly injurious to many questions in science, and to none more than those upon which I am about to treat. For while the researches of such persons, (even viewing it in the most favourable light ) at most only embrace one point, their word is too frequently esteemed a law in every other ; and thus blunders are committed and sanctioned, which ought never to have been heard of. I

indeed know no character more pitiable, and at the same time more completely useless in the world, than that time-serving creature of the moment, who, without even an attempt at the slightest examination, either respecting the truth or utility of any advanced proposition, relies implicitly on public statements; and, even allowing him to be possessed of the power, never ventures to contradict or oppose them, however absurd. In fear for himself, and for his interest, he obsequiously follows the example of others, and trembles to hazard any opinion which may possibly give the least displeasure to any party. But the man who can, without fear of any one, detect erroneous practices, and propose a remedy, is of service in his profession, and consequently a useful member of society. And even he who can detect an error, without being able to propose a remedy, but who states it in such a clear manner as to induce others to pay attention to it, does no mean service to mankind. It is only the cypher, (if I may use the term,) who does nothing, and the cynic, who carps and quarrels from mere dissatisfaction, who can be easily dispensed with in any department where improvements are wanting.

Thus, the man of accurate discrimination, of some experience, and an equal abhorrence of inactivity and of mysterious gravity, ought alone to be selected as a medical attendant to



superintend the state of one's health. Here, neither manner, nor any other consideration, ought to influence our choice in any remarkable degree, but only a thorough conviction that the one appointed is, as far as our present state of knowledge will admit, completely capable of the fulfilment of such a duty. Yet in this most serious of all mortal actions, we not unfrequently find, that a preference is given to a medical attendant, because he dresses well, is a most agreeable and even fascinating companion, is a bigot in certain religious tenets, espouses a particular side in his political opinions; or, in short, has studied any particular thing, or all things except his profession. Above all, an excellent reason for such a choice usually is, his having, by some lucky chance or other, perhaps by having a professional reputation bequeathed him by his father or his master, become so much employed in the practice of his profession, that he has not a moment to think what he is about. Then, whatever opinions he may entertain, whether wise man or fool, Whig, Tory, Mahommedan, or Christian, provided he is so employed as to be unable to do justice to any one—every one must have him.

But, were men to be estimated, and authorities held valid, not from the *supposed* eminence of their proposer, or from their being delivered in the works of certain men, but only



from their truth, they would, oftener than they do, lead to real public utility. The healing art would then be founded on true philosophical principles, would lead to acts of humanity and mercy, (which its very nature implies) and cease to be the particular province of those who have no just claim to such a character.

Certainly, a speculative or comprehensive mind, matured by experience, provided it be regulated by any degree of prudence, is, in the treatment of every complaint, to be preferred to that of one who never attempts to think for himself, except to render his address easy, and whose whole plan of practice is not the result of observation and reflection, but in imitation of the musty pages of some favourite author, to whom he ever and anon repairs, when any thing beyond the commonest occurrence presents itself to him. We all know that such men do exist, and consequently were it only necessary for the young physician to acquire a knowledge of the nature of the disease which he wishes to cure, and which is only to be satisfactorily understood by actual observation, he would, in the discharge of his duties, comparatively speaking, have but few difficulties to encounter. But when his sole advantages are to be derived from the above source, and when at the same time he attempts to reflect on the variety of opinions which have crept into the world, often under the sanction of names which,

in the common acceptation of the term are deemed respectable, his difficulties will justly seem almost insurmountable, and his duties complicated, and often mysterious.

Thus it is, that the natural simplicity of the profession is, by this too common method of acquiring the mode of practising it, rendered widely destructive ; whereas, had other plans been adopted, very different consequences must have been the result.

An examination into the nature of, and practical considerations connected with, diseases of the generative system, have ever been involved in unnecessary obscurity ; and, instead of tending to develope these matters, and thereby render them easily understood, it rather seems to have been the wish of those engaged in such discussions, to make them appear complicated, obscure, and likely to be successfully treated only when under their own immediate direction, and by some peculiarity of practice with which they alone were acquainted.

Yet, defective and objectionable as are the exertions of those alluded to, their attempts to relieve distress are much more commendable, and even undoubtedly more successful, than the impositions and frauds of that herd of professed and murderous quacks, which, to the disgrace of our country, are to be found in every corner of it. These men, without either the knowledge

derived from reading, personal examination, or any method by which they can form a proper judgment of the complaints of those who apply to them, prescribe one medicine alone, not only for every stage of disease, but actually for diseases of a totally different nature from each other. They also generally employ drugs of an active nature, which, unless in instances of accidental success, render their operations more dangerous, if not more certainly destructive. Their proceedings are similar to those of a bad surgical operator with a sharp knife: he may accidentally perform a cure, but the chances of his failure, if not of his committing mischief, are much more certain. With their advertisements, they indeed impose on the credulous and weak-minded; and these persons, I am sorry to say, constitute a very great proportion of mankind. But men who can reason for themselves, are seldom the dupes of such contemptible quackery.

In the present treatise, then, I shall, I trust, endeavour to avoid such errors as may lead to unpleasant consequences. I shall dwell much on the practical part, and a great proportion of the work shall be in some measure original. However little useful information it may in the opinion of many contain, there shall, I trust, be nothing introduced which may have a tendency to lead the young and unsuspecting practitioner astray. Its substance is a carefully condensed view



of a long and extensive range of practice in that particular line, and now put into the hands of the public, because I do think, when I take a comparative view of other works on the same diseases, that a work similar to the present is still a desideratum. In some of these works I know there is much useful matter to be found, and traces of great labour and indefatigable industry; but, from the confused manner in which it is delivered, it requires considerable advancement in knowledge to make a useful or even a safe selection.

I may observe, that I have no particular hypothesis to maintain; no object in view, but purely the removal of those diseases in the easiest way for the patient, and the most honourable for the medical attendant.

Thus influenced, I shall not enter into long and uninteresting details, which may be found in almost every book. I shall chiefly confine myself to the consideration of such points as may be immediately applied to use; and even when, reasoning on some of them, and on the works of others, I may leave that track a little, I shall be careful never to do it so far as to lose sight of it.

It is worthy of remark, then, that when the generative organs are in a state of perfect strength, and capable of the greatest vigour in generation, the general health is, in almost every instance,



in an excellent state ; and that when the general health fails, these parts fail in a greater degree than many other parts of the body.

Perhaps there is no disease to which the human fabric is subject, that preys so much on the mind, as the protracted disappointment of one labouring under such complaints. The careworn and chagrined countenance, and the haggard and emaciated body, proclaim, in language that cannot be misunderstood, the dreadful feelings of those who bear with them a consciousness of inability to propagate their species.

In judging of the particular nature of these diseases, much greater want of discernment is too often exhibited by authors, than we find even in the invention of substances essential for their removal. In the last, indeed, we often find considerable ingenuity displayed ; but what good purpose can this ingenuity serve, when that which alone requires the necessity of it, is entirely misunderstood ? Yet these diseases, as well as diseases in general, though they may have been caused in a variety of ways, can exist under no great variety of states of action. They must depend either on increased, irregular, or diminished action of the system in general, or of the parts affected ; or they may depend on the formation of new substance in the part affected.

When it has once been ascertained to which of these states the disease belongs, its removal is

in general, comparatively speaking, an easy matter; but, without considering this, (a mistake by no means unfrequent), we are apt, not only to be unsuccessful, but we run many chances of committing very dangerous errors, in spite of our most ingenious contrivances.

Before a medical practitioner attempts to prescribe for any important disease of the generative system, he must, to do ample justice to his patient, have a most perfect knowledge of the structure and uses, in the healthy state, of such parts as are liable to be the seat of such disease. These I shall describe in the most plain and simple manner of which I am capable. Without this knowledge, indeed, he will be perpetually committing blunders, and, however much he may, by technical terms and other subterfuges, for a while escape detection with the multitude, the discerning and the sagacious will not be long in estimating the extent of his real knowledge, and of valuing him accordingly.

As the diseases arising from impure connection, or vitiated habits, most commonly to be met with in the generative organs of men, are *lues venerea*, *gonorrhœa*, *gleet*, *strictures*, *seminal emission*, *fistulous ulcers*, and *general debility*, or other effects arising from one or more of these causes, occasioning *suppression*, *retention*, or *incontinence of urine*, I shall consider each of them, and give a plain, and I trust, satisfactory view of

the nature, consequences, and practical treatment of each. The most common diseases of the same parts in woman being *leucorrhœa*, *chlorosis*, *dysmenorrhœa*, *memorrhagia* &c. with *gonorrhœa* and *lues venerea*, in common with the male sex, I shall also consider these, and give rules for their entire removal.

I may remark, that there often exists in both sexes, for years together, even without constituting any distinct disease, a degree of debility of these parts, which renders the patient extremely unhappy. The appetite and excretions are regular, yet still the patient continues meagre and distressingly feeble. To these are also added, great irritability and occasional timidity, and dejection of mind. At length, irregularity in the functions of the parts themselves commence, and in females, the uterine functions are in some very early disordered, all hopes of progeny are at an end, and hysteric, if not convulsive, affections are extremely troublesome. In the male, the irritability of the whole system is distressingly augmented, he is incapable of propagating the species, and becomes gloomy, suspicious and morose, and too often flies for relief to the use of spirituous liquors, which, although productive of momentary relief, slowly, yet surely and irreparably, sap his constitution.

I have, then, I believe, investigated the nature and treatment of these complaints much



more amply, and I flatter myself more satisfactorily, than has hitherto been done. I have been careful to point out those opinions of authors which lead to errors in practice ; nor, as formerly stated, need I plead any excuse for this, since by no other means can the knowledge of the art be promoted, and the practice improved. In the relation of the cases, I have endeavoured to point out all the circumstances of habit, disease and medical treatment, which might be deemed important. And although I am aware, that a perusal of cases is much neglected ; yet, I have inserted these, because from attention to them, much useful instruction may be derived. I have therefore endeavoured to render those cases that I have detailed as interesting as their nature would admit of.

My attention was, several years since, first led to the treatment of some of these diseases by perusing a publication by Dr Greenfield, written about a century ago, and containing some original observations on that subject. His book has many faults ; but these, though they may tarnish, do not render useless its better parts. That gentleman, who was a man of learning and industry, treated diseases of the generative system in both sexes, and especially those of a chronic nature, by the internal use of cantharides. His success, as usual, excited the envy and malice of



his professional brethren; and, in consequence of their intrigues, he was actually committed to Newgate! on a charge of prescribing *dangerous* remedies for the removal of disease!!

Though Dr Greenfield's account of the powers of this medicine be very extravagant, yet it has, in many points, internal evidence of consistency and truth. All the complaints in which it is there said to be useful, have one character, they are those of extreme debility, and, therefore, might all be rationally expected to be alleviated by one and the same means.

In a dissertation also on the venereal disease, written by Dr Turner about the commencement of the last century, that gentleman, after deprecating certain means employed for the cure of gonorrhœa and gleet, proceeds to declaim against Greenfield and the cantharides; but his phillipic, in reality, contains a very high eulogium both on the person and the substance condemned; for Turner clearly discovers that he never gave the substance a fair trial; and, even amidst the most abusive invectives, he is obliged to bear testimony to the learning and medical knowledge of Dr Greenfield, as well as to the utility of the medicine which he recommended.

In the Philosophical Transactions of London, Vol. V. of the abridgment, Mr Younge relates instances of the remarkable utility of the cantharides internally employed; but the same

cases are much more fully narrated in Marten's Translation of Greenfield's work, where Mr Younge, with the independence of a gentleman, vindicates the reputation of his instructor Greenfield.

The laborious Astruc gives an account of the internal use of this medicine, and mentions the principal medical men, except Greenfield, who exhibited it.

Other authors have mentioned this substance, but I shall only take notice of Dr Forsten, who, in 1776, published a profound and useful essay on the internal and external uses of cantharides, in which he gives a learned account of the opinions of the best authors, both ancient and modern, concerning them.

It does not, however, appear, that even by any of these men, the medicine was scientifically used, or managed with that caution which is indispensable to its successful exhibition; and this it undoubtedly was that excited the general outcry against it.

Now, wherever strong controversial disputes prevail respecting the qualities of drugs, some other motive than the developement of truth generally actuates one or other of the disputants.

Under such circumstances, great caution in proceeding upon the opinion of either party, is strictly necessary; but such caution as will prevent our ascertaining the extent of the power of

a substance which has been allowed in many cases to possess properties of unappreciable value, can never be approved of, even by the most timid. By incautious conduct we must from time to time commit faults, even with the most common medicine; and we know that, unless caution is used, even the articles of our common diet may produce much mischief. This caution, however, carried to too great a length, which is even more common than the last mentioned fault, completely prevents us from obtaining a knowledge of our most useful remedies, and consequently of ever effecting a cure of the numerous diseases which can *alone* be remedied by the well-regulated administration of them.

I add, with pleasure, that I have too exalted an opinion of the human mind to doubt that, at some future period, we shall be as completely in possession of the means of suppressing the virulence of venereal complaints, and of entirely preventing the propagation of this dreadful scourge, as we now are of those for the prevention of the small pox. The devastation the small pox formerly made is fresh in the recollection of all of us, and we have all been fortunate enough to witness its almost complete extermination. The miracle would not be greater were we to see the same occurrences take place with regard to the venereal disease.



To the various gentlemen who have favoured me with their remarks on my opinions and practice, I return my most sincere thanks. Many of these observations, although I doubt not they were made from the best of motives, might have been found unnecessary, had their authors perused the various publications, in the detached papers, which I have at different times submitted to the public. Others, however, I have perused with pleasure, as they at once breathe a spirit of truth and manly independence of thought.

I have intentionally avoided entering, *at least at present*, into a consideration of *all* the diseases connected with the generative system.





# PART I.

## ANATOMY.

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### CHAP. I.

#### *Anatomy of the Urinary Organs.*

**T**HE intimate connection between the generative and urinary organs, and the influence which they exert upon each other, both in their healthy and morbid phenomena, renders it necessary that the latter, as well as the former, should here be considered; while the difference of structure in the urinary organs of the two sexes are, at the same time, so extremely trifling, that they may well be thrown under one general description.

I need only remark, that, in the female, the bladder is somewhat larger than in the male, and the urethra considerably shorter and wider.

The KIDNEYS are two oblong glandular or secreting organs, of which one is placed on each side, within the upper and posterior part of the loins, upon the two last ribs. They are almost entirely composed of arteries, veins and, secreting ducts.

The URETERS are two small hollow tubes, of which one has its origin from the inner side of each kidney within which it commences, from a cavity called its pelvis, and each is, in the adult, about a foot in length. These tubes pass from their origin downward, and slightly inward to the urinary bladder, which they enter at its lower and back part, but at a direction so very oblique, that they pass *several* into the lines between the layers, or coats of that organ, in

such a manner, that whatever distends the bladder, must close their apertures.

The URINARY BLADDER is situated in that lower part of the trunk of the body, which, in anatomy, is termed the pelvis, and the lateral parts of which form the haunches, immediately behind and somewhat below the bony projection at the inferior part of the belly.

The bladder tapers at its fundus or upper part, but becomes broader downward, near its cervix or neck, and again very narrow at the neck itself; but this neck is so short, that the urethra, or canal leading from it, for the evacuation of urine, seems to take its origin from the broadest part of the bladder. The short neck of the bladder is embraced, especially at its inferior part, by a body termed the prostate gland; all the part behind, and above to which is truly the body of the bladder.

The thin layers, or coats forming the bladder, are three; first, the peritoneal, which is merely a portion of the peritoneum, or general lining of the abdomen, or cavity of the belly, and which covers only the upper and back part of this organ. The under and forepart of the bladder, not invested by this coat, is surrounded by a cellular or membranous and fatty substance, which connects it to the neighbouring parts. The second coat, situated within the former, is a layer of a muscular nature, or capable of contraction, the fibres of which run in a circular direction, so that, by contracting, they can diminish the cavity and expel its contents. The third coat or layer, the internal lining of the bladder, is of a membranous nature, with a smooth secreting surface, similar to that lining other hollow muscular tubes, such as the intestines, &c.

## CHAP. II.

*Anatomy of the Male Organs of Generation.*

THE wrinkled body containing the testicles, termed in anatomy the SCROTUM, is composed of a membranous and cellular substance, invested by the common skin or integument of the body, having externally, along the middle of its inferior part, an irregular line called its raphæ, from which a sort of septum or partition proceeds inward, in such a manner that the bag is divided into two cavities, in each of which a testicle is lodged.

THE TESTICLES are two glands, or secreting organs, each the size of a pigeon's egg, situated in the cavities just described. Each of these glands is supplied with blood from the descending aorta, or great artery, within the abdomen or belly, by means of a long and undulated vessel, which, as it descends to convey blood to the gland, is variously contorted and interwoven with the veins which return it to the vena cava, or great vein within the same cavity. The substance of the testicle is of a white, soft, and apparently pulpy nature, but, in reality, consists of an infinite number of small tubes called seminiferous, which, at the upper part of the gland, terminate in one general duct called epididimis.

Before describing this duct, it is necessary to observe, that the glandular bodies which I have just described, are not thus left naked in the cavities of the scrotum. Each is provided with three coats; an internal one called albuginea, which is smooth, white, tendinous, but exquisitely sensible, and immediately invests the glandular apparatus; a middle one, external to the last, termed the vaginal coat, which, after involving the testicles, runs along with the vessels already described as supplying them through the muscles of the belly into that cavity; and a



third, or external one, which is continued from the muscles last mentioned; is itself muscular, and receives the name of cremaster; this is fixed around the second or vaginal coat.

The convoluted tube, then, called the EPIDIDIMIS, of which the origin, from the upper part of the testicle, was already mentioned, descends along the outer and back part of the testicle, without coming into contact with it, till it reaches its lower part, whence it immediately begins to reascend, and forming a straighter tube, assumes the name of the vas deferens.

The VAS DEFERENS, thus proceeding from the lower part of the testicle, is enveloped in the same membranous sheath with the artery and vein already described, and forms with them the SPERMATIC CHORD. They run together upward over the os pubis, or bone forming the transverse arch at the lower part of the belly, enter the abdomen by a small aperture placed a little above this, called the ring of the abdominal muscles, and separating from the vein and artery, which continue to pass directly upward, the vas deferens throws, as it were, an arch backward over the lateral part of the bladder, at the posterior inferior portion of which it joins, in its respective side, a body called vesicula seminalis, on the inner side of which it passes forward to the commencement of the urethra, or outlet of the bladder, into which it opens, after perforating a part of the prostate gland.

The VESICULÆ SEMINALIS are two oblong irregular bodies, situated at the under back part, near the neck of the bladder, or rather between that part and the rectum, or termination of the intestinal canal, which is here placed between and behind it, and a little above and behind to the prostate gland. These bodies adhering to the bladder, diverge at their upper part, and unite in an angle at their lower, so that it is between them, in some measure, that the rectum is here situated; and thus a sort of de-

pression may be observed on that part of the bladder. Each vesicula seminalis is composed, not of numerous cells, as they would seem to be, but of one continuous convoluted tube. It does not, as has been supposed, form a continuation of the vas deferens, for that tube only passes laterally along it, and it opens into the urethra at the neck of the bladder, or commencement of the urethra. Between the opening from each vesicula, and at the middle of the prostate gland, is situated an eminence called caput gallinaginis, or verumontanum; and this body, it has been supposed, has the power of occasionally shutting each orifice of the vesicula.

The PROSTATE GLAND, is a firm glandular body, about the size of a large chesnut, which lies entirely within the pelvis, and wholly surrounds the neck of the bladder. It is formed of two distinct lobes, or rather, it is very much flatted in the centre upon which the rectum lies, and possesses numerous ducts, into which bristles may be easily introduced.

By introducing two fingers into the rectum, this gland may be easily felt, and to the touch it seems a hardened or indurated substance.

Immediately where the gland ceases to surround the urethra, and where the caput gallinaginis or verumontanum is found, the urethra assumes the name of the membranous—THE MEMBRANEOUS PORTION OF THE URETHRA, which is rather more than an inch in length, lies immediately under the middle of the arch of the pubis, is thin, and easily and often ruptured by introducing a catheter, sound, &c. into the bladder. As a considerable protection to this delicate portion of the urethra, it is supported and firmly attached to the arch of the pubis, under which it turns, by a strong triangular ligament, which, as it rather alters the course of the urethra, renders the difficulty of introducing the catheter, &c. greater.

Where the membranous portion of the urethra terminates, that which is called the BULBOUS PORTION

OF THE URETHRA commences. This bulbous portion of the urethra occupies all the perinæum, and ceases where a muscle called the accelerator terminates, or where the skin of the scrotum begins to hang loosely.

The URETHRA is lined by an exquisitely fine, delicate, and susceptible membrane, somewhat similar to that of the mouth, nose, intestines, and bladder. This canal has its commencement from the neck of the bladder, and terminates at the orifice of the glans penis. It is in the male about twelve inches in length, though that is very different in different individuals. There are, upon its surface, a great many small oblong orifices of various sizes, called lacunæ. These lacunæ enter obliquely into the urethral canal, and are the openings from glands situate immediately under the membrane. Throughout its length, immediately under the membrane, it is plentifully supplied with these small glands, especially near the neck of the bladder, at which place they are largest. Cowper's glands are three in number, of which two are situated on the sides of the canal, one on the middle, rather anteriorly to the rest, so as to form a sort of triangle.

The membrane of the urethra is of a whitish colour, and a striated appearance, in consequence of folds which run along the whole length of the canal. In these folds are found the numerous glandular lacunæ, extending slightly under the membrane. These folds are capable of great dilatation, by which the passage may occasionally suffer, with impunity, considerable distension.

This membrane is easily wounded by the unskilful introduction of the catheter, bougie, &c. in consequence of which the blood may flow freely from the cavernous portion of the urethra.

The BODY OF THE PENIS is principally composed of the *corpora cavernosa penis*, and the *corpus cavernosum urethræ*.



The *CORPORA CAVERNOSA PENIS* are spongy or cavernous, as their name indicates. They have their origin, on each side, from a bone called the *os ischium*, and from the sides of the arch of the pubis, where they are named *crura*. They unite under this arch, which is merely the inferior side of the transverse bony arch, at the inferior part of the belly, to which they are connected by a ligament. These *corpora cavernosa* join throughout their length at their inner sides, which thus form a sort of septum, while the two bodies themselves constitute the greater part of the penis, of which the upper part is called the *dorsum*. These bodies, however, terminate at the back part of the *glans*, or extremity of the penis, which is invested by the loose skin termed *prepuce*.

The *CORPUS CAVERNOSUM URETHRÆ*, placed inferiorly to the last mentioned parts, has little connection with them, except by cellular substance. It commences by forming what is termed the bulb of the urethra, which tube it surrounds in its course, under the *corpora cavernosa*, to the end of the penis, where it terminates in the *glans*.

The *GLANS PENIS* is covered by a delicate and exquisitely sensible membrane, fitted in every respect for the finest impressions. This body resembles in its structure the *corpora cavernosa*, of which it is the continuation; but its cells are more compressed, and, consequently, smaller than those of the *corpus cavernosum*. They are beautifully interwoven with a greater number of arteries, veins and nerves, than any other of these cavernous parts.

The *PREPUCE* is a duplicature of the integuments investing the penis, which may be conceived to pass forward from the external part of that body, and again to return, forming an inner layer under the external one; both of which thus cover the *glans*. It has nothing peculiar in its structure, except that



small follicles on its inner surface, secrete a sebaceous matter.

The whole body of the penis is covered by a *tendinous fascia*, which, while the penis is in a state of erection, compresses and binds together the parts.

On the upper part, or dorsum of the penis, are, *two arteries* and *one vein*: the vein is called *vena magna ipsius penis*. The arteries proceed from the umbilical ones, and the vein carries its blood to the iliac veins. In their course, they receive small branches from the whole body of the penis.

The **MUSCLES** of the penis are the *erectores*, the *transversales*, and the *acceleratores*.

The *erectores penis* have their origin from the protuberances of the ischia, run along each side of the penis, and are in their course lost in its cavernous bodies.

The *transversales penis* have also their origins from the ischium near the origins of the *erectores*, and are inserted on the outer side of the bulb of the urethra.

The *acceleratores* seem to be a single muscle. It involves the bulb of the urethra with oblique diverging fibres from its centre. It has a tendinous commencement from the cavernous body of the urethra, and terminates in a broad tendon on each side of the penis.

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### CHAP. III.

#### *Anatomy of the Female Organs of Generation.*

THE **OVARIA** are situated laterally within the abdomen, and placed between the layers of the broad ligament of the uterus or womb, which is a continu-

ation of the peritonæum or membrane lining the cavity of the belly. They are almost half the size of the male testicles, and are of a flattened oval figure. Like them, also, they are possessed of two arteries and one vein. The blood furnished by them comes from the aorta, and returns into the circulation by the vena cava inferior.

The FALLOPIAN TUBES are placed somewhat transversely within the same cavity, and hang loosely at the outer end, where they have an irregular termination, called *morsus diaboli*. At the other end each is attached to the uterus, and about the middle of each tube, at its lower edge, is attached one of the ovaria. The canal of these tubes is irregular, being, at its entrance into the uterus, so very small, that it is scarcely capable of admitting a hog's bristle. Their common length is about three inches; but they vary in different women.

The UTERUS is placed between the internal orifices of the fallopian tubes, on each side, and also between the bladder of urine before, and *intestinum rectum* behind. In its unimpregnated state, or rather before the female has had children, it seems a firm dense substance incapable of containing more than the kernel of a small hazel nut. To its lateral parts are fixed the two round ligaments which are dense firm substances, that extend to the sides of the common cavity, and support it. Its opening at its most depending part is called *os tincæ*.

The uterus, in common with the fallopian tubes, is supplied with blood by numerous vessels which enlarge according to the states of the organs.

External to the *os tincæ* is the commencement of the VAGINA, which, like the uterus, is placed between and connected with the bladder of urine and the rectum; particularly with the latter. This canal is six or eight inches in length, and is of very different width in different women. It is capable, especially in time of coition, of considerable contraction

and relaxation. It is of a membranous texture, and exquisitely sensible, full of rugæ or folds in those who have not copulated very frequently; while these in general entirely disappear after frequent child-bearing. At its outer orifice, it is guarded by a muscle termed *sphincter vaginæ*, which serves in a great measure to keep that orifice close; but the membranes being full of wrinkles within, renders it capable of great dilatation even without the slightest injury to the parts. Underneath this membrane are placed a great many small glands with excretory ducts called *lacunæ*.

The *HYMEN*, or *circulus membranousus*, in the manner of a septum, closes the orifice of the vagina in infancy and childhood, and even in those more advanced in years, if they have never been married.

The *CARUNCULÆ MYRTIFORMES*, are merely the remains of the hymen in married persons.

The *NYMPHÆ* are on each side of the aperture of the vagina, and extend upward to a body termed the clitoris. They are largest at this part, which may be considered as their origin, and they almost entirely surround the vagina, while, toward the perinæum, they almost disappear. Their substance is red and spongy: they are smallest in virgins, while in those who have born many children, they are often of considerable length, even projecting beyond the labia.

The *CLITORIS* is placed at the upper part of the external parts of generation, and under the *mons veneris*. It takes its rise from the *os pubis* on each side by two bodies termed its *crura*. These form a cavernous body, which, like those of the penis, is divided by a membranous septum. Some muscular fibres are continued from it to the *os coxendicis*, and are named the *musculi erectores clitoridis*.

The female *URETHRA* lies immediately under the clitoris. It is much shorter than that of the male, and is surrounded by a muscle called the *sphincter*.



The orifice is distinguished by a small elevation seemingly covered by the same membrane with that which lines the canal.

The MONS VENERIS is the most external of these parts. It is that protuberance immediately over the pubis, and which at puberty begins to be covered with hair. The plumpness of this protuberance alters greatly in different women, and at different periods. In general, where the passions are most lively and strong, it is more full than in those where the passions are of a different description. It is a curious fact also, that this eminence is fullest where the breasts are most prominent; and in the decline of life, or from other causes, when the breasts become thin and flat, the *mons veneris* partakes of the general decay.

The RIMA MAGNA is that slit or doubling of skin including all the parts now mentioned. The sides of the rima are formed of a continuation of the common skin and *membrana adiposa*, and are termed the LABIA, or lips. The inside of the labia is very delicate, and it is in them where chancres are most likely to be found. The rima commences under the prominence termed *mons veneris*, and continues till near the anus; the part between its termination and the anus being called *perinæum*.

The general term applied to the whole external parts from the *mons veneris* to the anus, including the *mons veneris*, *rima magna*, *labia*, *clitoris*, *nymphæ*, *meatus urinarius*, and the *vagina*, is called the PUDENDUM MULIEBRE.

The pudendum contains many lymphatic vessels, which having a near communication with the inguinal glands, renders the chances of bubo in the female, by no means an uncommon occurrence.



## PART II.

# PHYSIOLOGY.

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### CHAP. I.

#### *Physiology of the Urinary Organs.*

**S**ECRETION and excretion are the principal functions of the urinary organs. The secretion of urine is a process over which the will has no power; but the excretion of it, in a state of health, is always, in some measure, under the influence of the will.

It is the kidneys which separate the urine from the blood, by vessels appropriated to that purpose, and this fluid is then conveyed along the ureters into the bladder. From the oblique entrance of these tubes into the bladder, their extremities act as valves, and prevent regurgitation of urine when the bladder is distended with that fluid.

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### CHAP. II.

#### *Physiology of the Male Organs of Generation.*

PREVIOUS to puberty, the voice is shrill, as in the female, and there is neither beard nor secretion of

semen. When, however, that period arrives, the voice acquires a more masculine tone, the beard and mustachios grow, the pubis is covered with hair, and, the semen being also secreted, the male then begins to be able to propagate his species.

Part of the blood which is carried down to the testicles, from the aorta and emulgent arteries, to supply the testicles, is appropriated by them to the secretion of the semen, and after this operation has been completed, the superfluous blood is carried back into the circulation by the spermatic veins.

The vas deferens serves to convey the semen from the testicles to the urethra.

The vesiculæ seminales, which secrete another fluid to be blended with the former, also empty themselves, with a sort of pulse-like contraction, into the urethra, from which it is similarly forced in the same manner at the height and crisis of coition.

Although we probably have but an indistinct knowledge of the changes which the seminal fluid undergoes after it is secreted in the testicles, and before it arrives at the urethra; yet it is extremely probable that the astonishingly numerous convulsions of the epididimus, the vas deferens, and even the vesiculæ seminalis, have all a certain effect in properly preparing it for use.

The prostate gland, as well as the lacunæ of the urethra, secrete a fluid by numerous ducts into the urethra, and these are supposed to be the parts principally affected in gonorrhæa. This fluid seems to be a necessary part of the semen.

The urethra serves the double purpose of being at once a passage for the urine, and for the semen.

The small glands under the membrane of the urethra, constantly yield a quantity of mucus to lubricate the parts, and to prevent the membrane from being irritated by the urine passing over it.

The prepuce exhibits a curious contrivance of nature. When the penis is in a flaccid state, which at

*the*

time the sensibility of the glans is not called into action, the prepuce then covers it, and in this way, its delicate surface is most effectually preserved; but, when the penis is erect, when the glans is to receive the most exquisite and sensible impressions, the doubling of the skin, which forms it, in consequence of being only large enough, while the penis remained flaccid, is now gradually drawn back in proportion as the penis becomes enlarged, and is then only sufficiently large to cover that part of the penis posterior to the glans, while the glans is left entirely uncovered. At this period the prepuce seems as it were gathered together with a cord, and fastened down at the under side of the glans; this cord being termed the *frænum*.

The lubricating glands on the inner surface of the prepuce, are seemingly designed to preserve the moisture and sensibility of the glans, and the lubricity which is necessary to permit the prepuce to pass backward.

The muscles, called *erectores penis*, are chiefly instrumental, not in the erection, but in the direction of the penis.

Those termed *transversales penis*, assist the *erectores*. While this seems one part of their duty, they are also employed during erection, in preserving the cavernous bodies in a state of distension, as well as the urethra and the ducts situated near their origin.

The *acceleratores urinæ*, as compressing the penis, probably assist as much, if not more, in producing erection, than either of the other muscles.

The mind alone does not seem to have an entire power, either over the production of erection, or of our powers of coition. It certainly greatly assists these acts, but, in order fully and satisfactorily to all parties to do these duties properly, there is a certain state of the body which must co-operate with the state of the mind.



## CHAP. III.

*Physiology of the Female Organs of Generation.*

PREVIOUS to puberty, the hymen is entire, the mons veneris uncovered with hair, the breasts are flat, like those of the male, and there is no secretion of menstrual fluid.

At this period, somewhat different in different countries, these wants are gradually supplied. Nature begins to ripen, the hair sprouts, the catamenia appear; the bosom gradually swells, becomes plump and agreeable to the sight. It is then that females become, in the highest degree, at once ornamental and useful members of society.

In action, the ovaria of the female, have been supposed to resemble the testicles of the male.

It seems ridiculous, amidst the uniformity, beauty and simplicity, of the operations of nature, to suppose that the fallopian tubes are doomed to the double and clumsy office, of first transmitting the semen to the ovaria, and afterwards returning it to the uterus.\* It is far more probable, that when the semen excites the womb, the ovaria sympathetically contract and burst an ovum, the fluid of which escaping, descends through the fallopian tube to the uterus.

In the uterus the embryo is deposited, to be nourished during the months of gestation. From its vessels, too, the menstrual fluid is separated, when in an unimpregnated state. These are the principal uses of that organ.

The vagina is at once the mere external organ of generation in the female, and forms a passage for the foetus at the period of parturition.

*why might not the fallopian tubes not as well admit and remit the semen as the vagina admits the semen and remits to the fetus*



The excretory glands, placed immediately under the membrane of the vagina, are principally for the purpose of separating a mucous matter, particularly during copulation, for the purpose of lubricating the parts.

The muscle called the sphincter of the vagina, becomes stronger in after life, and renders the hymen of less use in closing its aperture.

The nymphæ, in addition to the divided portion of the clitoris, seem to aid in closing the vagina, and, in time of coition, also to grasp the penis. They also serve the purpose of folds, which, in time of parturition, are capable of great distension, without laceration.

From the delicate structure of the clitoris, and its extreme sensibility, it is the principal seat of pleasure during coition. When titillated, it becomes erect, and the portion of it which runs round the margin of the vagina swelling, it grasps the penis with rapturous ardour.

Menstruation, in the climate of Great Britain, usually appears from about the fourteenth to the sixteenth year. This, however, varies in different persons, and it sometimes does not appear till the eighteenth year. This variation can only be considered to be caused by, or as the cause of disease, when the general system is affected by it.

Dr Cullen's theory of menstruation seems equally erroneous with his opinions respecting the nature of several of the diseases of the generative organs. Allow him his doctrine of spasm, and he will explain any thing ; but deprive him of that method of extricating himself, which he indiscriminately has recourse to when in difficulty, and his hypothesis of these, as well as of many other diseases, must fall. It seems to me, that we may, with equal justice, and with as great probability, ascribe every operation in the animal body, to the interference of spasm, either in a state of health or di-

sease. Even were we, however, to adopt that plan, our reasoning in support of such hypothesis could not be less vague, than that which Cullen often has recourse to, in support of his favourite doctrine. In short, his theory of menstruation, seems to me to be equally absurd with that of Aristotle, who supposed it to depend on the influence of the moon; or that of the chemical physicians, who believed it to be caused by fermentation.

Menstruation, therefore, as Dr Cullen seems to suppose, does not depend on any particular force or action of the uterine vessels themselves, but it happens in consequence of a particular change on the whole system at a certain time of life, different in different countries, and in different individuals of the same country; and the uterine arteries seem naturally constructed so as to assume the power of secreting the menstrual fluid at a certain time, and only under certain circumstances; although, in the interim, the general health of the individual has undergone no apparent change. When, therefore, suppression or retention of the menses occurs, the treatment ought entirely to be indicated by those symptoms, or that general state of the body, which seemed to constitute the principal, perhaps the only cause of these complaints,

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## CHAP. IV.

### *Physiology of the Generative Organs common to both Sexes.*

HAVING thus given a description of these parts, and of their individual actions, I shall in the same

simple and brief manner describe them, when mutually assisting each other in the propagation of the species.

There can be no question that the healthy action of every individual organ, is absolutely necessary to the right performance of the generative process; yet we often find, even when these parts are considerably deranged, that the offspring, in most instances, enjoys health apparently good. Still, however, although we cannot trace the particular effects of such derangement in the action of these parts on the offspring, I cannot help being of opinion, that owing to these alone we are often to account for the great variety of health, &c. which, at the earliest age, we meet with in one family. As a proof of this assertion, we find that, during the existence of certain states of disease of the generative organs, sterility exists, while, when the parts are restored to their natural healthy action, the power of propagating the species returns.

On the connection of the sexes, when the organs of both are in a tolerably healthy state, every individual part, probably almost completely in action before, is instantly, in a certain degree, under the influence of the mind, prepared to execute its duty.

The penis, in a full state of erection, is grasped by the tensor vaginæ muscle, which is sympathetically excited, and at that moment is possessed of the strongest contractile power. During this, the action of the seminal vessels being greatly accumulated, they, by a spasmodic effort, at length project their contents by the urethra into the uterus. The increase of pleasurable sensation, at this moment excited, causes the ~~fimbriated~~ <sup>erectile</sup> extremities of the fallopian tubes to grasp the ovaria, within which an ovum is immediately burst, and an albuminous drop, thus disengaged, consequently descends along the fallopian tube into the uterus, where meeting with the semen of the male, the future embryo is formed.



## PART III

# PATHOLOGY.

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### CHAP I.

#### PATHOLOGY OF THE URINARY ORGANS.

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#### *Suppression, Retention, and Incontinence of Urine.*

**T**HE urine ought always to bear some proportion to the quantity of drink we use. This, however, is sometimes various according to the age or constitution of the person, or to the heat or coldness of the weather. Yet these variations never go so far as to constitute disease, but return to their usual state when the temporary cause which induced them is removed.

Suppression of urine is that disease in which there is deficient secretion, in consequence of some affection of the kidneys themselves. This may either arise from increased action of the vessels of the kidneys, in consequence of inflammation, from debility, or from original malconformation of these organs. Our opinion respecting these states must be regulated by the state of the pulse, and by other circumstances.

Retention of urine, is that disease in which the secreting organs perform their duty, but where the secreted fluid cannot be discharged.



Retention may easily be distinguished from suppression, by the distension of the bladder above the pubis and in the rectum, with an evident fluctuation when the hands are placed at these two points, and some degree of motion given to them.

Too long retention of urine at all times occasions inconvenience, and by its consequence in debilitating the bladder, may sometimes be the cause of a most troublesome disease. This disease, when there is difficulty even in voiding a few drops of urine, is termed *strangury* ; when this is attended by considerable pain we call it *dysury*, and in the state of complete retention, it is called *ischury*.

This disease does not arise from one, but from a great number of causes, often very opposite in their nature. It is often caused by certain states of the mind alone ; by debility in consequence of previous disease of the general system, and of the bladder as a part of the whole ; by long continued full living, with the constant use of spirituous liquors ; by spasm about the neck of the bladder, or total inaction of that organ itself ; by tumours or obstructions in the canal of the urethra ; by diseases of the glands of the urethra, such as the prostate ; and not unfrequently it is the attendant of that natural decay of the system, which in old age we are all subject to.

From these circumstances, it will appear evident, that it is absolutely necessary for us to ascertain what this complaint has arisen from, before we can be supposed to form a true judgment of its nature.

Restraining the urine for a considerable length of time, after there has been a desire to evacuate it, deranges the action of the bladder, and causes retention of urine. This, in certain habits, without any other cause, has often been known to continue for several weeks, or even months.

It is indeed usual for retention of urine, especially in old and debilitated habits, to arise from a

total inability in the bladder to contract, and thereby expel the contents. This state of inaction of the bladder may arise, even in the most stout and robust, from a long continued habit of retaining the urine, after the bladder has been distended somewhat beyond its natural state, and thus relaxing and debilitating the parts. This debility is frequently paralytic. The disease may also, on the contrary arise from a violent inflammatory state of the parts, and this is usually accompanied by a somewhat similar state of the whole system. The pulse will most certainly indicate the presence of such a state.

From retention of urine the bladder is sometimes enormously distended; sometimes even one or more of its coats are ruptured; but extraordinary distention is more common than this. In this state of distention, it loses its power of contraction, and thus the disease is constituted permanent.

Women are not so subject to dysury and ischury as men are.

Incontinence of urine may arise from different causes, and exist in very different degrees of severity. It is most commonly caused, however, by a debilitated state of the bladder, or rather of the sphincter muscle of that viscus. It may also ~~also~~ exist in consequence of certain diseased states of the urethra, prostate gland, &c. Thickening of the coats of the bladder, which often happens in a remarkable degree, from inflammation, and other causes, is by no means an uncommon cause of incontinence; but these are not nearly so common affections as that first mentioned.

The disease is at all times tedious and disagreeable, but seldom of a dangerous nature.

## CHAP II.

## PATHOLOGY OF THE MALE ORGANS OF GENERATION.

*Seminal Emission.*

LIKE every other organ of the body, the seminal vessels have a certain round of action to perform, which, if undisturbed, they will continue to do through a whole course of long life. These actions will also go on with considerable regularity, even where sexual intercourse is altogether neglected; for the secretion of semen having proceeded to a certain degree, it will naturally be thrown off without occasioning disease. But, like every other organ of the body, when subjected to continued extraordinary exertion, from whatever cause, their action is altered; they become diseased, and either cease to secrete healthy semen, become incapable of retaining it after it is secreted, or are entirely and irrecoverably rendered unfit for again resuming their office.

From the commencement of the disgusting habit of self-pollution, which is the most frequent cause of this disease, there is seldom any desire for sexual intercourse; and although a desire for this should be felt, a repetition of such habits is preferred to natural connection. At length there is induced a general lassitude, with a weariness, often approaching to pain, in the loins; the bowels become constipated, often in an alarming degree; the face becomes pale and cadaverous, and the body in general flabby or emaciated, with coldness in the extremities. Then occur trembling hands, dim eyes, confused indistinct hearing, if not entire deafness, frequent and violent headach; drowsiness, without the power to sleep, all attempts at which are inter-



rupted by the most frightful dreams ; and, in this stage of the complaint, in particular, the patient becomes terrified to go to bed, lest sudden death should be his fate ; and, during the day, is timid, fretful, terrified, and discontented, he knows not for what, with violent palpitations of the heart ; and though he seems sensible of the cause of his distresses, is unable to abandon his habits, particularly while in bed. A complete state of imbecility, both of body and mind, at length ensues, and in some, the haggard countenance but imperfectly proclaims the distraction of the patient's mind ; and I have no doubt that this general depravity, and these its consequences, at length terminate the existence of thousands who are supposed to die from very different causes. This is a general sketch of these symptoms ; but we must examine them more particularly.

I assert with much confidence, that such improper practices as induce seminal emission, do uniformly, sooner or later, according to the original vigour of constitution, subject the patient to a train of sufferings of the most awful nature. One may be affected in a few months, another not perhaps for even a year or two, but none entirely escape ; sooner or later, they precipitate themselves into an abyss which I should fail in attempting to describe. In some patients, whose generative organs have arrived at that state of atony which gives origin to such a complaint, the emission during connection is performed very variously. In some, particularly in the early stages of the complaint, the emission is scarcely to be obtained, at least for a very great length of time ; in others, particularly in the advanced stages, the emission occurs inconceivably soon ; indeed, from this cause, some cannot perform the act of copulation before it has taken place.

I have frequently observed in seminal weakness, that different persons were in some respects affect-

ed very differently. In some, for instance, very gentle friction, such as is caused even by their cloathes while walking, &c. or even an attempt to perform sexual intercourse, was instantly followed by an emission; while others, although during their dreams they had from one to five or six emissions every night, could use any kind of ordinary exercise without causing any effect of this kind; and whose various attempts, perhaps in the same night, to effect such an evacuation, even in the natural way, were quite ineffectual, even although the scene of action was often protracted, and the attempt still persevered in, for an incredible length of time.

Although these are the most common periods of the disease for such unpleasant circumstances, yet I have often seen this reversed. Other peculiarities also exist in this respect; for, while some patients propel the semen vigorously, even in advanced stages of the complaint, in others it comes off almost without the patient being aware of it. There is often also felt a degree of irritation or itching, about that part of the urethra where the seminal vessels open into it, which is generally attributed to the presence of strictures, to a disease of the bladder, or to diseased prostate gland; when it is merely in consequence of diseased action in the seminal vessels themselves, and is removable by whatever restores them to their healthy action. In more advanced stages of the disease, there is often felt a stinging pain, occasionally darting along the spermatic chord, and there is also an almost perpetual seemingly rotatory motion felt in the testicle itself, causing a very great degree of uneasiness to the unfortunate patient. The external parts of generation also, in common with the rest of the body, suffer considerably. The penis is shrivelled, and there is often discharged from it a sort of thinner fluid than semen, especially while the patient is



at stool. Some are incapable of the slightest erection, while others have the most painful erections every night while in bed. The scrotum is in general lax, and the testicles hang down much lower than natural, and there is a pain experienced in them of the most distressing nature. That, however, which almost invariably attends those affected with involuntary seminal emission, is involuntary and often painful erection during the night while in bed. These not only prevent the due refreshment from sleep, but before morning, reduce the parts to a disagreeable state of painful feeling, which they scarcely recover from before the following night, when, from the same cause, they relapse into their former state. But certainly the most dreadful of all the effects of this disease, even in instances in which the mind is still alive to the extent of the patient's own wretchedness, is where a sort of indescribably painful convulsion of the whole body, is experienced immediately after each emission. The patient is even sensible during it, and yet is unable to put a stop to it; his body is drenched in cold sweat; and his extremities often for hours after lose, in a great measure, their sense of feeling. It is scarcely also to be credited, but by those who have frequent opportunities of witnessing it, what an astonishing effect frequent and involuntary seminal emissions have on every faculty, of the mind as well as on the body. While the bodily form fails, the senses also partake of the general wreck, and are either vitiated or destroyed. The sight, the hearing, the memory, are all less or more impaired. The unfortunate patient is perpetually overpowered by the most painful and melancholy gloom; he takes no delight in the society even of his greatest friends; and, in constant anguish and remorse, with perpetual restlessness, often sheds tears at the recollection of his situation. If in com-



pany, he is often absent, dejected, and takes no interest in the general conversation. He even loves to brood over his misfortunes; magnifies them, if possible; is perpetually miserable, both awake and in his dreams; and the prospect of his being deprived of the power of nuptial enjoyment, added to this general state of mind, not unfrequently forces him to seek his own destruction. Besides, I have scarcely ever met with any person, whose impropriety of conduct had caused involuntary emissions of semen, who had not felt a degree of horror and remorse of conscience, a shame which pursues him into the most secret recesses, which could not be even equalled by any other condition of mind or body, from whatever other cause. It is by no means an uncommon circumstance for such persons to be so ashamed of themselves, that they cannot assume resolution enough to disclose their situation, even although they may, by so doing, derive much relief. They studiously conceal it, they pine, become melancholy, and hate an existence in which they feel no comfort. The settled gloom, too, which envelops many patients affected with this disease, is truly dreadful. If there can be a state of mind more fixed and more pitiable than what we understand by despair, it is to be found in this state. In no situation does language so completely fail of its power of description, as in this particular instance; suicide is, as already mentioned, not unfrequently its consequence.

Such is the alteration which this disease produces, particularly in inveterate cases, that the patients become totally different in every respect, both bodily and mental, from what they formerly were. The body is reduced from the utmost state of strength to the greatest possible degree of debility; in some it is bloated, in others haggard; but in both there is a paleness, which, added to their horror of mind,

even as depicted in their countenance, far exceeds the power of description. To this state even the slightest affections of this kind arrive, unless they are checked in their progress, although often for many years the natural strength of the body may seem unimpaired.

Nothing indeed, as will appear from what I have stated, can exceed the misery of some patients which have come under my observation. They become gloomy, morose, and suspicious that every person was laying plans for their destruction ; their feelings were indescribable, and they were in perpetual terror they know not for what. One gentleman, very much affected in this way, assured me that he could compare his feelings to nothing so much as if he had murdered some person, and was closely pursued, and in perpetual dread of being apprehended for the deed.

Even this is but a faint representation, compared to what is often observed in this complaint ; indeed, it is impossible to express the deplorable state into which I have seen many patients reduced. We may, however, mention, in addition to those already stated, the feeble and intermittent pulse, easily accelerated by the least exercise, or even change of posture ;—feverishness, and all the symptoms of irregular hectic ;—loathing of food, pains in the stomach, disturbed sleep with fearful dreams, almost continual distress ; or rather horror of the mind ; and not unfrequently, complete and incurable atrophy closes the horrid scene !

Now, it is deeply to be regretted, that the common victims of this disease, as arising from self-pollution, are the most active, intelligent, and, strange to tell, those of the most delicate feelings ; such, indeed, as might have been expected to adorn society ; whose mental capability might have added a lustre to humanity, instead of being hateful to themselves, and burdensome to others.

Now, were wrong opinions alone to be entertained of the nature of the parts during seminal emission, the fault would not be so great; but, when we find practical doctrines built upon these notions, and warmly recommended as models of imitation, they cannot be too soon detected and exposed. Mr B Bell says, in page 227 of his first volume on venereal complaints, that, “instead of advising abstinence from women, I always inculcate as frequent connection as natural desires seem to require; and, when matrimony is in view, instead of being afraid of it, as often happens with this class of patients, from the fear of their not performing the functions of it properly, I uniformly hold it forth as the most certain remedy.” Now, the disease most probably must have been the same in Mr Bell’s practice, as that which daily comes under my observation; and I positively aver (unless when the cases were indeed very slight) that sexual intercourse, and even simply toying with women, have *alone* obstructed a cure of such complaints, and that matrimony, during their existence, can only be productive of chagrin and disappointment to both parties: such individuals being little calculated for matrimonial amusements. I may, however, mention, that these indulgences may be gratified in moderation, and under proper restrictions, at a certain period of the cure. When the parts have acquired a tolerable degree of healthy action, and have continued in that state, the patient being still under the influence of medicine for several weeks, I have not seen any bad effect arise from *very moderate* connection in that way; and it is my uniform practice, where I can conveniently do it, to recommend matrimony to my patients on their complete recovery, who, although they at first were unable to have any connection without the very worst effects, can now indulge with the utmost safety and propriety. But, before the parts have acquired a toler-



able degree of soundness, this, as I have already said, is *always* extremely injurious. It is like a person who, having lately suffered from fracture of the fore arm, for instance, and being too soon anxious to prove whether or not that part had resumed its usual strength, attempts to lift a greater weight than he is able, which instantly renders the injury even worse than at first.

Although seminal emission and gleet are sometimes to be found existing in one person at the same time, yet they are not necessarily connected with each other, as we oftener find them existing separately. When they do exist together, one of the most obstinate forms of gleet is that which arises from self pollution; for the individual being conscious of moral turpitude, and at the same time allured by this detestable gratification, perseveres in his bad practices, and conceals long the malady which gradually exhausts his frame, and at once destroys the faculties of mind and his body; till at length the interference of relations and friends, who are alarmed at the progress of emaciation and decay, his own intolerable weakness and dread of death, induce him to apply for medical advice.

When we are consulted by a person who has gradually become feeble and meagre, though his appetite was good, or even sometimes voracious, without any evident cause; who tells us that the organs of generation are feeble; that the slightest titillation excites erection, soon succeeded by seminal emissions and depression of spirits; that erections are frequent, and emissions very distressing during the night; that there is, in some patients, a discharge of thin, clear, slimy liquid, from the urethra; (though such emissions very frequently exist quite independently of such discharge), that there is great weakness in the loins and joints; who denies ever having been affected with gonorrhæa, or any venereal disease; complains of no particular af-

fection of the organs of generation ; and whose stream of urine is undiminished ; we need scarcely enquire farther ; we know the complaint and its cause ; the latter of which it is our duty to deprecate and prohibit ; while we endeavour, by all possible means, to restore the health, and correct the habits of the almost unpitied sufferer.

Not unfrequently, also, this disease is the combined effect of self pollution and venereal affection.

Mr Hunter, in common with every one else, having no cure for impotence, or indeed any method of relieving it, that disease has, comparatively speaking, seldom come under his observation. . He says, in page 200, “ This complaint is by many laid to the charge of onanism at an early age ; but how far this is just, it will in many cases be difficult to determine ; for, upon a strict review of this subject, it appears to me to be *by far too rare* to originate from a practice so general.” But, instead of this being a rare disease, I assert that it is a complaint of the most extensive nature, and is undoubtedly caused, in most instances, by onanism at an early period of life. The individuals affected, equally ashamed at the disease and the means by which it was induced, almost always decline applying for medical aid till the symptoms actually threaten a most miserable and lingering death, and often even then attempt to deny the true cause of it. Another consideration which prevented Mr Hunter and others from seeing much of the complaint, was probably the little or no benefit he could afford them. All other means thus failing of success, and the *universal remedy*, viz. caustic bougies, in all seemingly inexplicable complaints, being introduced to remove them all, it was also applied here, and, as usual, was *said* to perform cures. I may however mention, that I never yet, and I have seen perhaps more cases of this disease than most people, saw one of it which depended solely on permanent

stricture, to which alone caustic bougies can with the shadow of justice be applied. I have at all times numerous cases, of the most dreadful nature, under my care, and am able to draw this conclusion, that in every country, so far as my knowledge extends, where practices such as I have alluded to are indulged in, this disease is to be found. I, however, have remarked, that such habits, persevered in in warm climates, both encreases the severity of the complaint, and renders it, even after the return of the patient to a colder climate, which ought at all times to take place, much more difficult of cure, than cases which exist only in colder regions.

I have distinctly observed, in some cases, particularly when the disease had arrived to a very distressing pitch, without any check being put to it by remedies, that a total revolution, as it were, of all the actions of these parts, and a regeneration of some of them, was absolutely necessary, before they could possibly be reduced again to their healthy action. No wonder, then, that this disease was deemed incurable, since all the agents employed for that purpose were, comparatively speaking, totally incapable of nearly producing any such effect.

It has been contended by authors, and among the number by Mr B. Bell, that seminal emissions, constituting disease, for the most part depend on the over distention of the vesiculæ seminales with that fluid, which, from the vesiculæ seminales being compressed by hardened fœces while at stool, occasions an involuntary discharge of that fluid. I should, on the contrary, imagine this to be but very rarely, if it ever be a cause of such a disease ; as, before the vesiculæ seminales can be so much distended with semen as to be thus evacuated by the pressure of hardened fœces (the parts being in a state of tolerable soundness) the operation of the mind, which we know to be so intimately connected with the actions or state of almost every part of



the body, *must* of itself, particularly during dreams, have caused an emission. I have no hesitation in asserting, and my assertions are from careful and repeated observation, that whenever seminal emission occurs while the person is at stool, although the health may in other respects appear good, it must originate from debility of the generative organs.

Mr B. Bell justly observes, that “onanism is a habit so baneful to many of our youth, that I believe it to be more destructive in its consequences than a great proportion of *all the diseases* to which in early life they are liable;” and this he conceives to be entailed on their posterity. Withers also justly remarks, that old and debilitated fathers, sunk with the infirmities of luxury and debauch, can hardly expect to have children whose constitutions are vigorous. It is a melancholy reflection to a feeling mind, that the weakness and diseases which arise from imprudence, &c. should be entailed on our posterity.

From actual observation I am convinced that these different states owe their origin, and even their immediate existence, to the same cause, and are, in almost every instance, removed by nearly a similar treatment.

*Disease of the Prostate Gland.*

THE most common disease of the prostate gland, is swelling, or scirrhus; but I believe it does not often ulcerate, unless when foreign bodies, such as the catheter, bougie, &c. excite it to do so.

The symptoms of the diseased state of this gland are enlargement of its substance, but without pain, at least till the disease has advanced to a great height. There is, however, irritation, and, without being able to pass more than a few drops of urine at once, there is an almost perpetual desire to void it.

Although, then, the first effect of an enlargement of the prostate gland is a retention of urine, yet, after its continuance, it is more commonly attended by incontinence.

*Gleet.*

THERE is an affection of the organs of generation, caused by such means as produce atony of the parts, and at times accompanied by a seminal or mucous discharge; this, in modern times, is distinguished by the name of gleet; for the ancients termed all seminal, mucous, and purulent emissions from the urethra, gonorrhœas.

I apprehend that a pathological distinction might be made between seminal weakness, or, more properly, a morbid flow of the fluids which contribute to the formation of semen, and that gleet which is merely of mucous.

It is certain, that what we now know to be mucus discharged from the urethra, was anciently thought to be real semen; and some are even yet inclined to believe, that a flow of this last substance very seldom, if ever, amounts to disease.

That there is often a morbidly abundant secretion of the seminal fluid, or even a deterioration of its qualities, I think I shall, in the course of this work, most satisfactorily prove; and indeed we know, that persons accustomed to indulge in the enjoyments of love, are sometimes visited during sleep, by nymphs of surpassing beauty, for whose sake they are very prodigal of the vital stream.

These alluring fancies, which seem to correspond with the vigour of puberty, or even to be the effect of a certain diseased state of the body then influencing the mind, excite all the emotions of the most ardent desire, delude the imagination with hopes of immediate gratification, and often produce to the constitution, even worse consequences than the most excessive indulgence in venery.

We also know that the habit of self-pollution, (previously considered) induces such a distressing state of the organs of generation, that titillation of the parts, the slightest exertion, or even the operations of the mind, cause a copious involuntary seminal discharge; and the same may be said of the excess of venery, however pure the connection.

The mucus discharge, however, is constant; and independent of erection; the seminal discharge succeeds slight erections, during and after which, the sensations resemble those of coition, and certainly does exist when there is as yet no proper gleet, or morbidly abundant mucous discharge, though, in course of time, this gleety discharge is frequently superadded.

In gleet also, from whatever cause, along with the continued flow of mucous matter, there certainly often are erections, which may be succeeded by the morbid flow of mucous and semen together. Indeed, there seems to be sufficient ground to say, that self-pollution, and excessive venery, induce a morbid flow of semen, in general, before the mu-



cous gleety discharge; but that in gleet, the consequence of gonorrhœa, or of similar inflammatory affections, the discharge of depraved mucus has the priority; the former depending on the debilitated seminal vessels, the latter on the diseased mucous membrane of the urethra.

But whether these affections are separate or combined, they must be treated by similar means, suited to the existing degree of debility.

Here a question naturally suggests itself: Since certain sequelæ of gonorrhœal inflammation have sometimes been denominated gleets; and there is another affection not produced in the same way, which is also, and in the present age, universally called gleet; would it not tend to perspicuity, to confine the term gleet entirely to the latter affection, and to call the former the second stage of gonorrhœa?

This perhaps might be scientific, and, if carefully attended to, would serve all the purposes of practice; but as both these affections, though different in their antecedents, exhibit the same general and local phenomena, and require similar treatment, and (what with me has considerable weight) as conditions of the organs of generation, and of the general system, requiring very opposite management, have already been confounded under the name of gonorrhœa, I am induced to think it more safe and more useful, to confine the term gonorrhœa to the active state of inflammation, and to denominate both the other affections above mentioned, gleets. I see no more reason to give this sequela the name of gonorrhœa, than to call stricture gonorrhœa, which is sometimes another sequela of the same inflammation.

It is between gonorrhœa and gleets, then, that we must carefully distinguish. Nor does Mr Hunter always attend to this—in name at least; for he advi-

ses, in *gonorrhœa*, when the violent symptoms have subsided, the use of turpentine, cantharides, &c. (p. 86)

If any person, not carefully attending to what was said, had imbibed the idea that Mr Hunter cured gonorrhœa by cantharides, what mischief to the patient, and disappointment to the practitioner, might have been the consequence! This is only to be explained, by considering that when these symptoms have subsided, *gleet* commences.

If, however, we examine Astruc and others, we shall be convinced that such mischief on these occasions has actually happened.

A gentleman, I may also observe, has lately maintained, that the matter of gonorrhœa differs from pus; "for pus has the same formed globular particles, when microscopically examined, as are observed in the blood; which method of examination I prefer to Ch. Darwin's. Mucus so examined, appears not to differ from gonorrhœal fluid; but the discharge from buboes or chancres, has the usual appearance of pus." \*

I suspect the author has confounded the matter of gleet with that of gonorrhœa, and we can perceive a palpable source of mistake; for the matter of chancre and of bubo, is at one time glairy, at another puriform, so is the matter of gonorrhœa, in the loose acceptation of the term: it would, therefore, be necessary, in both instances, to mention precisely the appearance of the discharges, the period of the disease, and condition of the sores, before we could rely on the accuracy of the observations.

But we know that, by the microscope, living men in miniature have been discovered in the semen, an infinite series of rings in the blood, and, I would add, much confusion in the brain.

\* Wilkinson on a new method of curing gonorrhœa, p. 1.

With regard to practice, it is not whether the particles discernable by the microscope in the matter discharged, have the same shape with those of pus; it is not whether the same chemical phenomena result with trials from certain acids; nor whether the matter is infectious, that afford much important instruction. The information required for this purpose is, a knowledge of that change, either in the general system, in the parts diseased, or in both, which shall render a change of treatment necessary; this appears to me the only sound basis of practical discrimination.

These two states, then, suggest a very rational ground of distinction; and, in description, they have been distinguished by the virulent or malignant gonorrhœa, and the simple and benign.\*

The gleet discharge is more viscid and clammy than that which flows from parts too actively inflamed for the secretion of pus. Thus, we endeavour to fix, as precisely as we can, the limits between gonorrhœa and gleet; but it must be confessed, that it would be often difficult to point out where the one terminates and the other begins.

Here, however, we perceive two distinct states of disease, one in which the inflammatory diathesis prevails; another opposite to this, the *consequence* of inflammation. As they are opposite, so they require opposite methods of treatment; what will prove beneficial in the one, will be found to be hurtful in the other, and *vice versa*.

Some have conceived that gleets, properly so called, are generally the effect of tubercles formed by enlarged glands, callosities, or enlargement of excretory ducts; but, in respect to the opinion with regard to the callosity and enlargement of ducts, how would they account for the cure of the disease

\* Falck, p. 117.



being generally effected by suppurative inflammation ?

They cannot suppose that callous ducts suffer from sloughing, and that there is a regeneration, either partially or entirely, of these ducts ; for there generally is no appearance of sphacelus, nor does analogy warrant the supposition of such regeneration. We should rather expect that these very minute ducts would be either entirely or partially obliterated, in consequence of inflammation.

Neither have we any right to suppose, that the gleety discharge is the effect of the simple enlargement of these tubes, for it is scarcely to be believed, that an excretory tube, merely enlarged in diameter, should become the conduit of a matter different in properties from what it previously conveyed, since the matter of gleet is widely different from that of healthy mucus.

But if we suppose that the small glandular bodies of the urethra being diseased, give out a morbid secretion, we shall conceive, at least, a possible, and even plausible, if not on most occasions the real source of the gleety discharge. The enlargement of these bodies will account for the existence of tubercles, which certainly have been found in the urethra, in as satisfactory a manner as we can account for the existence of buboes in the groin, from the swelling of the inguinal glands.

Others have maintained, that gleet was the effect of ulceration ; and these last have some analogy in their favour, for degenerating ulcers produce a matter similar to that of gleet.

This opinion was prevalent, at a time when it was not known that any surface, in a certain state of disease, could produce pus, as well as ulcers ; the presence of ulcers, therefore, was an assumption deemed essentially necessary to explain the phenomena.

But ulcers, inflamed glands, or any surface in a certain state of inflammation, may form pus; and all of them, this state of action being changed, may form a matter similar to that of gleet, and of course, give origin to the principal symptoms of that complaint.

The formation of pus, however, is not clearly understood by pathologists and philosophers. Dr Thomson, following others, says, in page 683 of the 4th vol. of his system of chemistry: "The liquid called pus, is secreted from the surface of an inflamed part, and usually moderates and terminates the inflammation." But the truth is, that a part, in a certain state of inflammation, forms pus; and when that state is altered, the pus is not formed. It is not the pus which moderates the inflammation, but the change of condition in the inflamed part, which modifies the secretion. \*

Nor is it of much importance in the treatment to determine, whether the discharge arises from ulcers, or from the mucous membrane superficially diseased, since both in ulcers and diseased membranes, suppurative inflammation must be induced to promote the cure; and the remedies to be employed for this purpose, as we shall afterwards be convinced, are in both cases the same.

It is not meant, that morbid discharges from the urethra never depend on such tubercles, excrescences, or ulcerations; for I have no doubt, as I have already said, that the glands of the urethra become enlarged, swell, suppurate, and produce morbid matter; and, in short, that ulcers, different with regard to their nature, causes, and situation,

\* As this morbid secretion, with regard to the laws of its formation, and its sensible chemical properties, is but too little attended to in general, I beg leave to recommend to the attention of the reader the account of it which is contained in Vol. IV. p. 683, of Dr Thomson's invaluable work.

all very often exist in, or are connected with, the generative organs; and that thence proceed discharges which resemble, or are even accompanied with, the proper gleet discharge. In my own practice, indeed, such things have happened; for, some time since, I had a case under my care, in which the discharge was of a brownish mixed colour, and there were small round tumours, situate about an inch and a half from the external orifice of the urethra, which, during the active means that were used to remove the complaint, suppurated, burst externally, then disappeared, and the brown discharge ceased. I know also, that gleet depends on a variety of other circumstances; and that, after violent inflammation is induced, thick layers of coagulable lymph, with substances resembling skin or membrane, appear in the discharge, particularly after the application of caustic, and even during the operation of the internal administration of strong stimulating medicines; for then the membrane lining the urethra, &c. is believed to have sloughed off, in consequence of sphacelation. I only wish to maintain, what facts fully justify, that such causes of gleet exist much less frequently, than at least the older authors would teach us to believe, and that such appearances are oftener the effect of the remedies employed, than of the disease itself.

The same name gleet, then, is also given to the second stage, or sequela, of the inflammatory state of the gonorrhœa, for the symptoms in both cases become precisely the same, and in both cases the same treatment is required; indeed, the name would be immaterial, if the two states were distinctly attended to, so as to regulate medical practice; but both ancient and modern surgeons confound them.

To confirm the above statement, I need not quote any one in particular, of the authors of for-



mer and present times. We might appeal to all of them, for, in the works of all, the error is manifest.

Some of the moderns, however, knowing that the matter of the gonorrhœa is infectious, and not knowing when it ceases to be so, refuse to be guided by the exact similarity of symptoms and of treatment, and, if the matter discharged is even supposed to be infectious, will not allow the disease to be gleet, whatever the atony of the parts of generation, and general debility may be; they might, however, in my opinion, as well maintain, that an inflammation of these parts, accompanied with a flow of pus, is not a gonorrhœa, because it has not arisen from the venereal virus, or because it is not infectious.

Falek, author of an excellent treatise on the venereal disease, who very explicitly anticipates many opinions which Mr John Hunter deemed peculiar to himself, details very accurately the symptoms of gonorrhœa and gleet, and yet he says, (page 122.) “we find too often many with a continued running, and though it is called a gleet, yet it is, in fact, an old virulent clap.”

In the same manner, Mr John Hunter says: “The distinction between a gonorrhœa and gleet is not yet ascertained; for the inflammation subsiding, the pain going off, and the matter altering, are no proofs that the poison is destroyed.” In short, he maintains, (page 100.) “that a gleet differs from gonorrhœa; first, by the absence of infection; and, secondly, by a dissimilarity in the discharge, which,” he says, “consists of globular bodies, floating or wrapped in a slimy mucus, instead of serum.”

Now, the infectious nature of the matter discharged, is not a proper ground of distinction in practice, for we do not know from the appearances, whether the matter is infectious or not; while, from whatever cause the inflammation of these parts is produced, our treatment must be the same; nor is it of importance in this respect, whether the dis-

charge, accompanied by the general symptoms of gleet, be infectious or not, since the general means are the same by which the atony of the parts, and debility of the system, *however induced*, are to be removed.

If, as sometimes happens, in defiance of any means, the discharge of gonorrhœa becomes thin and watery, though it still retains somewhat of the colour and opacity of pus, and be accompanied with pain in the urethra, we are to consider *gleet* as commenced, and must have recourse to more active treatment.

Mr John Hunter, indeed, has something like this in his view, when he treats of gleet, (page 99.) “Whatever method has been used in the cure of the venereal inflammation, whether injections or internal medicines, it often happens that the formation of pus shall continue, and prove more difficult of cure, than the original disease.”

Perhaps there is scarcely any cause which operates so strongly in the production of this disease, as strong injections for the cure gonorrhœa. Acrid injections also, for the removal of gleet, a practice by no means uncommon, tend very much to prolong and increase that complaint. But, above all, the most frequent cause of gleet succeeding gonorrhœa, is the too common practice of squeezing the penis about the termination of that disease, to ascertain if there still remains any discharge.

Gleets, then, seem most commonly to arise from gonorrhœa, in consequence of impure connection, or for the means used for their removal; not so commonly, and seldom of any long continuance, from such gonorrhœa as originate from any other causes, however great the inflammation may be which produced them, nor even from the most violent inflammation that can be produced by the internal use of any kind of medicine.

In gonorrhœa, then, the discharge often becomes more thin and less copious, and at times ceases altogether ; but is renewed plentifully by no great degree of exercise, or intemperance in eating and drinking, and retains its yellowish or puriform appearance ; it even happens, that the discharge is sometimes irregular, without any obvious cause.

After the complaint has proceeded for a space of time, of various duration in different individuals, at length the pain goes off, the discharge gradually degenerates into the glairy and mucous form, with evident atony of the urinary organs.

This is confirmed gleet ; and now the most active remedies must be employed.

Gleet is uniformly, for sometime after its commencement, a local disease, but in time it proceeds to affect the general system. Previous, or subsequent to this, seminal emissions not unfrequently accompany it, the body becomes pale, emaciated, and feeble, and the mind not unfrequently partakes of the general affection.

There is a settled pain, often more severe at one time than another, sometimes attending such affections of the urethra as gleet, which induce some practitioners to imagine, that it arises from an inflammatory state of the system, when it is simply a consequence of morbid action of the parts, and is uniformly removed with the disease, by stimulating applications.

Sometimes, after impure connection, the first symptom of disease is a copious flow from the urethra, while the other usual inflammatory symptoms can scarcely be said to be present ; such a case, in difficulty of cure, and absence of inflammatory symptoms, resembles gleet more than gonorrhœa ; it is aggravated, too, by the antiphlogistic plan, and only removable by the stimulant, wherefore I would class it among gleets.



Thus, we have considered gleet as a distinct affection, but it is of importance to consider it relatively to those affections with which it is found combined, or on which it may depend.

There is a certain inherent connection, and mutual dependence, which are maintained in all the organs and parts of the living body, so that when one part is disordered, another also evinces signs of disorder. The laws of this connection and dependence, are still among the secrets of nature. But we find names for what we do not understand, and this fact is expressed by the term sympathy.

According to this inexplicable sympathy, then, the organs of urine and generation participate readily in the affections of each other; and they extend their influence to other organs, particularly the stomach, which seems very much disposed to sympathise with them.

The morbid secretion of the mucous membrane also, seems, on many occasions, from the constant gnawing pain stretching along all these parts, to extend even from the pelvis of the kidneys, to the termination of the urethra.

There is a sense of weakness, and often pain, in the region of the kidneys, extending along the course of the ureters, and gritty particles are discharged along with the urine, which often contains a great quantity of gelatinous substance.

Gleet is combined with almost every morbid affection of these parts; with that state in which calculi are formed; with spasmodic affections of the kidneys, bladder, and urethra; with thickening of the coats of these organs, and their canals; with enlargement and induration of the prostate gland; with induration swelling, and even wasting of the testicles; not unfrequently with hydrocele, and the various herniæ; with strictures and obstructions of every kind of the urethra, or the other urinary pas-

sages ; with paralysis affecting partially, and sometimes totally, one or other of these organs.

These circumstances must very much modify our procedure in the treatment, and regulate our judgment, with regard to our hopes of success. Nor are those means, which may be found very efficacious in removing or curing uncombined gleet, to be condemned, or deemed inert, because they fail in removing it, when it is only a subordinate symptom of some really more formidable complaint. We might as well condemn cathartics, because, in some affections of the brain, the bowels are immoveable by them. Neither are we to condemn a remedy, because a complaint may return. We may as well condemn mercury, because we are again liable to the venereal infection ; or the whole practice of physic, because all mankind die.

All rational men of our profession know, that there is no specific remedy, no substance that can, in every instance, remove a given disease ; we only look for such substances as are most useful in a majority of instances ; and such are our best remedies.

No men, indeed, are more sceptical with regard to the efficacy of substances, applied to the body, either internally or externally, in the removal of morbid affections, than medical men ; they meet with so many disappointments, and their hopes prove so often fallacious, that some esteem the salutary change that succeeds the admission of a substance into the system, rather as a fortunate accident, than as a favourable event, operated by the powers of the substance.

To doubt, says an ancient philosopher, is to be wise ; but, on some occasions, to doubt, is to be incapable of judging. If a given change takes place in the system repeatedly, and then only when a certain substance is administered, we have no more reason to doubt that this change is the result of an action induced by the substance administered, than

when an alkali and an acid are put into a vessel, and a salt produced, we have reason to doubt that this salt is the result of their combination.

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## STRICTURE.

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### *Of Spasmodic Stricture.*

SPASMODIC *Stricture* is an affection of a very different nature from that which is of a permanent kind; its approach is in general sudden, and often very violent; it may appear in various parts of the urethra at the same, or at different periods; but seldom, if ever, till a considerable time has elapsed, or till irritating substances have been applied to it, do they become of a permanent nature. These strictures also, if properly treated, never require the application of caustic substances for their removal, but may, in every instance, however severe, be obviated by other milder means.

The existence of spasmodic stricture, is not alone indicated by its suddenly, and almost entirely, obstructing the urethra, and by its departure taking place in the same sudden way; spasmodic contraction may be various in its severity, as well as in its extent and duration; and, if this were well understood, it would, in most cases, account for the irregularity of time which is often observed in its approaches, as well as in its disappearance. The greater proportion of the cases, I may observe, related by Mr Whately, in his pamphlet on strictures, were



purely spasmodic. In some of them, however, permanent strictures, and in others an irregularity in the canal of the urethra, were formed solely by the ill-timed application of the bougie. Mr Wadd's cases were also evidently all of a spasmodic nature; indeed, he wishes to prove this; but in many of them, even the spasm did not exist previous to the introduction of his bougies. And that Home's were generally so also, I shall endeavour to prove. An unprejudiced perusal of these cases, however, will at once convince any one of the truth of what I now state.

Previous to my investigations respecting the cure of gleet, and some other affections of these parts, they were deemed irremediable, unless they yielded to the most common, though at that period the only means of cure that were known. When, under these circumstances, as almost always happened, the gleet could not be removed, it was at once concluded, that it existed in consequence of stricture; a bougie was instantly introduced to ascertain this; the spasmodic contractions which ensued, were alone caused by this application, and these contractions, frequently repeated, sometimes ultimately became permanent strictures: this again occasioned a train of cruel practice.

Spasm, then, is apt to occur in every part of the urethra, from its external orifice to the bladder; nor does it seem so much influenced by the action of the muscles surrounding a part of the canal, as we at first sight would imagine. It has been supposed to exist most frequently in parts nearest the bladder, but my experience does not warrant me to draw such a conclusion; for I have found it equally severe in every part of that canal. What must have greatly contributed to the opinion, that spasm was most frequent nearest the bladder, is the length and curvature of the urethra, which, even in its healthy state, may present various obstructions to the

passage of the bougie ; or they may have been caused there by the irritating property of the instrument.

It is remarkable that Mr Home, in mentioning the usual situation of strictures in the urethra (page 28.) assures us, that, in his practice, there was always one stricture about seven inches from the external orifice, whether there were others or not. In other words, I should say, the most common situation for *permanent* stricture, is certainly to be found at that part of the canal where, from its natural curvature, there is the greatest difficulty in passing the bougie.

It is curious also, that in parts similarly constructed, in some respects, to the urethra, strictures have not been more frequently discovered ; and it is not improbable that this may be solely owing to the parts, such as the whole intestinal canal, &c. not being so liable to surgical treatment. It would bring no merit to the present numerous operators of *permanent stricture*, even to hint at the possibility of that disease existing in parts, such as those mentioned above, where surgeons could not apply *their* means of cure. A bold step, however, has been made toward this, in the attempts which have been made to persuade people that they might be affected with stricture at the extremities of this canal, (to them the caustic might be applied) viz. in the rectum and œsophagus ; when it is probable some hæmorrhoidal tumors were the cause of the one, and globus hystericus the cause of the other.

Mr B. Bell, whose experience was certainly great, in speaking of the effects of gonorrhœa, observes, that “ the irritation produced in the urethra by it, is in some cases so very great, as to excite contraction of the passage in a very distressful degree. I have known,” adds he, “ the urine so completely obstructed by this alone, as to give cause to suspect that strictures were formed of the most

alarming nature ; in which, neither staff, catheter, nor bougie, could be introduced, but with more force than can ever with safety be applied." Mr Home, in his opinion respecting the existence of permanent stricture, and his practice for its removal, never even notices this. I may remark, that it is alone by the discernment of the medical attendant, that these different states of disease are to be known, and consequently their entire removal scientifically effected.

When the parts, by their diseased action, or by some peculiarity of constitution of the individual, assume a violently spasmodic action, and when the want of patience or want of discernment of the surgeon, lead him to mistake in practice all such obstructions for permanent stricture, and to act accordingly, the unfortunate patient is often reduced to a state of great wretchedness and misery.

We frequently find, that obstructions in the urethra do not appear for a considerable length of time, even after the membrane of the canal has assumed that state, which ultimately induces such a disease. But at this time a disagreeable sensation is felt in one or more parts of the urethra, and this often continues for months, when at last the irregularity or contraction occurs.

When stricture has once commenced, the causes of its increase are numerous ; irregularity in living of any kind, exposure to cold, fatigue, or exertion, particularly riding on horse-back, all conspire to render the state of the patient at times almost insupportable. The occasional, and in some, the almost continual straining to void urine, renders their situation peculiarly distressing, and a continuance of this, augmented in proportion to the length of its continuance, at length actually throws them into fever, and the effect of this, combined with the state into which the bladder is thrown, by violent and long continued action, or perhaps from disten-



sion arising from inability to void urine, brings their very existence into peril; even death, from sloughing or mortification of the parts, occasionally happens.

Certainly, when we reflect on the many causes to which strictures of various kind and degree owe their origin, and by which they have their existence prolonged, we must at once perceive the absolute necessity there is for considering, and relieving them in some scientific way; not by the farrier-like, I would say, inhuman methods, too commonly practised at the present moment. Under these dreadful plans of practice, it is inconsistent with every reasoning faculty of the human mind, to suppose that they should be so often successful as they are represented to be, and that none of those instances of human misery, certainly occasioned by it, but always attributed to other causes, should owe their entire existence to these plans alone; and this I shall endeavour to show.

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### *Of Permanent Stricture.*

WHAT I understand by stricture in the urethra, *of a permanent nature*, is an evident diminution in the capacity of that canal, in consequence of some substance being gradually added to it; and although, from certain bodies irritating these parts, even this obstructing substance should suffer considerable contraction and relaxation, yet the canal *at no time* can return to its natural dimensions, till this obstructing body be completely removed.

In every period in the history of the venereal disease, the existence of *permanent* stricture in the urethra, has always been, among the better inform-

ed part of the medical profession, conceived to be very rare. From time to time, however, men of considerable ingenuity and address have started up, who have judged it either right or convenient, to maintain a very different doctrine. In short, there is perhaps no disease, the existence of which has been so often, in a great measure, doubted, and so often conceived frequently to follow one or other of the stages of gonorrhœa or gleet, or to be the consequence of treatment adopted for their removal.

Now, although Mr Hunter informs us, in p. 112 of his book on venereal complaints, that permanent strictures are generally attended with gleet; he does not by any means conceive this to be a diagnostic symptom, on which we are, without further investigation, to proceed to the use of caustic. But Mr Home uses less ceremony; for, without any other symptom, or at most that of a slight spasm only, he introduces the caustic into the urethra. Sometimes in one, at other times, in from *fifty* to a *hundred* applications, he arrives at the bladder; the inflammation occasioned by this process, removes the gleet, which might certainly have been cured by much easier means. From this success, however, such as it is, the disease is termed stricture, published as such, and is in this way believed to exist much more frequently than it really does.

It cannot be too strongly inculcated, that permanent strictures, as they are termed, as well as spasmodic ones, are by authors asserted to be most commonly found about the curve of the urethra!! This is evidently to that part, from its curved shape, being in the urethra of every person, most likely to obstruct the progress of the bougie in our attempts to introduce it into the bladder. I think this, at least, a highly probable conjecture; and I have no hesitation in asserting, that the bougie thus arrested, or by its accidentally being obstructed by

one of the lacunæ, has, in many instances, given rise to the supposition of stricture in these parts, and led to a painful and tedious train of the most cruel practice.

In giving an account of the dissection of those said to have died, after the removal, by caustic, of permanent stricture; there seems to be nothing in the cases which Mr Home and others have adduced, to prove that permanent stricture ever existed in the majority of them. The parts said to have borne the marks of stricture, might be, and I am convinced many of them were, alone produced by the cauterizing effects of the application *employed*, not the disease which it was applied to remove. It is very worthy of remark, that the existence of caruncles and excrescences, formerly as much in *fashion* as permanent strictures now are, seems very doubtful. We all know, that mucous membranes in general, such as the lining of the mouth, &c. when ruptured from any cause, do not form such appearances; on the contrary, the parts are speedily regenerated, and assume their healthy action. The existence of these caruncles, excrescences, &c. has been at length disputed, and the same symptoms are now imputed to *permanent strictures*. Mr Home is quite aware of this fact; p. 104, he acknowledges, that, “if any one will take the trouble to compare Daran’s cases, with those mentioned in this treatise, he will find that they correspond in the number and situation of the obstructions, and *only differ in the names given them!*!” A difference exists, however; Daran and his contemporaries removed them without caustic: Mr Home and his followers cannot do this without *fighting their way* into the bladder, by the destruction of every thing that can oppose them. But the multitude must be amused, they must have a TUB; yet it is truly strange, that the sufferings necessarily inseparable from that, often unnecessary! un-



meaning, and always cruel practice, should be borne.

That such a disease as permanent stricture in the urethra does exist, will not admit of doubt; but that it exists much seldomer than most authors who write on the subject seem to wish to persuade us, is equally true. I am sorry to be obliged to say, that great advantage appears to be taken of an opinion too generally prevalent, that this is a disease of very frequent occurrence, almost every one who can write, publishes about it, throws out some allurements, by which perhaps he becomes a favourite of the public, and thus the unfortunate patient's health, if not his life, is too often made the sport of surgical fanaticism.

Cases of gleet, of spasmodic stricture, and of debility of the generative organs, are, *in practice*, constantly confounded with each other, and for the most part treated as permanent stricture. In the numerous volumes of those who have written on this subject, innumerable instances of this sort are to be found; which, to particularise individually, would be a much easier than a pleasant task.

We find on record, that caustic has frequently been applied in cases where, at the commencement of the patient's passing water, it flowed in a full stream, but nearer the termination of that process it became smaller, twisted, and often forked. Now, had there been permanent stricture here, *why did urine even at first pass in a full stream?* It must be evident, therefore, that no such obstruction existed. Thus, not unfrequently, the wretched patient had often entailed upon him, by the incorrect judgment of his surgeon, an incurable disease; and this cruel practice was either persevered in, or he was at length dismissed, with an assurance, that he either laboured under *diseased prostate gland, or thickening in the coats of his bladder*, or something else, God knows what, which could not be cured! To

be reduced to such a state is particularly aggravating, when, by more rational, and much less painful treatment, the original disease might have been entirely removed.

Permanent stricture may be induced by a bruise, caustic bougies, or similar applications; never, as has been too often incorrectly asserted, in consequence of gleet, incontinence of urine, &c. &c.

Except in the false statements of those who write on strictures, we have no analogy elsewhere in the human body, of parts uniting but in a certain state of inflammation; and when that is reduced below a certain degree of action, permanent stricture cannot take place. In this state, however, spasm of the parts is a very common occurrence; indeed, it is only in such a state that spasm in general can take place, at least, to such a degree as to constitute those very obstinate cases of this disease, which we so frequently meet with. This spasm, continued very strongly for a length of time, causes some degree of inflammation, or it may be caused by a large simple bougie, or by caustic applied under these circumstances, which removes the torpidity of the parts, by inducing inflammation. This, however, with more safety, might have been removed by other and safer means. Thus, inflammatory action being produced, aided by strong, and often violent spasm, a permanently contractile power of these parts, and permanent strictures, are at length the consequence.

All membranes also, as well as the cellular substance which joins them to the contiguous parts, are often indurated and thickened, in consequence of previous continued inflammation; this happening to the membrane of the urethra, is one form of stricture which occurs independently of muscular action, and to explain which, we stand in no need of hypothesis.

Permanent strictures, then, may be produced, though not very commonly, by severe inflammatory action, however induced, being brought on these parts, in consequence of long continued disease.

I may observe, that the disease called phymosis, or a contraction of the prepuce, so as to prevent its being drawn back over the glans, gave me a more perfect idea of permanent stricture, than any other circumstance; and, previous to my observing this disease from its commencement, I conceived it a strong proof of the probability of permanent stricture being a very common disease. I however found, on carefully attending to its first progress, that its dilatation was easily effected; and when this practice was adopted, the contraction seldom arrived to any degree of severity; but, when allowed to take its course, it almost always required to be cut, dilatation seldom being capable of effecting a complete cure.

Strictures, when they do exist in the urethra, occupy it all round like a thin membranous partition of various breadth; they may, however, be confined to any particular side of the urethra, or they may exist by a thickening of the membrane, or of the parts immediately below it, as stated above, to the extent sometimes of an inch. Tumours also in the neighbouring parts, from various causes, occasion a greater or less degree of contraction in the urethra, which is certainly permanent while these tumours exist.

In the commencement of any obstruction in the canal, however slight, from whatever cause, the diameter of the canal being less or more narrowed, the patient must be sensible of its existence. Mr Home conceives it difficult to ascertain the existence of obstruction; unless the patient has been attentive to the usual healthy dimensions of his stream of urine. When we hear such reasoning adopted, were we not all acquainted with the usual



width of those parts, we would be apt to imagine the canal of the urethra to be as wide as a port-hole of a seventy-four gun ship, where the narrowing of a few inches would scarcely be observed; but when we consider that this is not exactly the case, even independently of Mr Home's having favoured the world with engravings of it distended with boiling wax, to at least one third beyond its natural size,—when, I say, we reflect on this, we are at once convinced of the impossibility of such a narrow canal being in the smallest degree obstructed, without occasioning a sufficient portion of the patient's attention, to make him at once apply for assistance.

Some degree of spasm may, however, still continue for years in the part permanently contracted; but this can never be reckoned a consequence of the permanent contraction, but only a degree of the cause still existing, which probably at first actually produced that permanent contraction. It seems, however; that writers on this subject take quite a different view of it. They seem to conceive the spasm in this case to be a sort of symptom, or an attendant on permanent stricture. Here it is at least not amiss to observe, that the greater the uniformity of opinion that exists on any imperfect subject, the more tardily does it advance towards perfection; while to difference of opinion we are indebted for many of our most valuable truths.

Mr Hunter also seems to labour under some confusion, in talking of the spasmodic affection, which sometimes attends what he terms permanent strictures: He observes, in page 134, that “there is sometimes this singular circumstance attending these cases, that when there arises a gonorrhœa, or any other discharge of matter from the urethra, where none was before, or an increase of the old gleet, the passage becomes so free, *as to allow the urine to pass as usual*; but these are uncertain,

and only temporary reliefs ; for whenever the discharge ceases, the spasmodic affection returns. I think it more probable, that it is only the spasm that is affected by the discharge, and not the real stricture ;” and he was right, for it is obvious that, under the above circumstances, no such thing as permanent stricture could exist ; if indeed there really was such a thing, it must have been very slight, otherwise no alteration but its entire destruction could at any time have allowed *the urine to pass as usual*. At all events, the spasm here must have been the principal disease, and might have been removed by proper applications, *not by caustic*.

Enlargement of the glands of the urethra, which are assuredly most common in scrofulous habits, act, while in that state, in some measure, as foreign substances, causing permanent diminution, irritation in the neighbouring parts, and often violent spasmodic action. Under these circumstances, in our present deficiency of knowledge by which glandular swellings are removed, I conceive the very worst cases of stricture, either spasmodic or permanent, to exist. We may alleviate either of these affections ; but, from what I have stated above, a cure, in our present state of knowledge, is scarcely to be expected. Glandular swellings in these, as well as in other parts, is a subject on which much is yet to be done.

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### *Of Fistula in Perinæo.*

ALTHOUGH by fistula in perinæa, is in general meant a sinuous ulcer in the perineum, by which the urine passes ; it sometimes does not stop here. In some cases of long standing, there exists a se-

ries of callous openings, from the anus to the scrotum. The scrotum itself is sometimes affected with these sinuous openings, and sometimes the urine, finding its way into the cellular substance, penetrates deeply, and makes an opening in one or more parts of the thighs.

Although, however, several fistulæ may appear externally, they seldom, if indeed ever, owe their existence to more than one opening in the internal membrane of the urethra.

A fistulous opening of this sort may arise, either in consequence of local injury destroying the organization of the part, or from general causes, such as lues venerea. But this disease is most commonly caused by a greater or less degree of obstruction in the urethra to the natural passage of the urine. The parts posterior to the obstructed portion are gradually distended, the membrane is at length ruptured, and the urine, finding its passage into the cellular and spongy portion of the penis, is thus the cause of swellings in the perineum. These at length terminate in one or more fistulous openings, through which the urine flows; and also of occasional discharges of fœtid matter.

Fistula in perinæo is sometimes caused by the existence of an ulcer in the urethra. The urine, in such cases, finds its way into the perinæum, a tumour is formed, and this most commonly terminates in a fistulous opening, through which the urine passes. At other times the urine passes into the cellular substance of the penis, and, without forming a distinct protuberance, will gradually stretch the whole integuments, and the scrotum, to a very extraordinary extent. A mortification of the parts, and even the death of the patient, is not, in such cases, unfrequent. If this state of disease be taken at a very early period, the patient may reap some advantage from our exertions, but from the immense distortion of parts,



which soon takes place, little or no benefit is to be expected at a later period.

Although, however, the urine may force a passage through the perineum, the natural passage, the urethra, is seldom, if ever, totally obliterated.

On the approach of this disease, pain is felt in the perineum. The part next becomes inflamed externally ; a red hard tumour is formed ; and this, among those unaccustomed to the treatment of such complaints, is not unfrequently mistaken for an abscess. This tumour at length often becomes as large as a hen's egg, assumes a shining appearance, and the skin seems ready to burst. Even under these circumstances, however, it disappears on the application of cold or other causes ; but soon again assumes its previous appearance, and at length it discharges its contents, which are found to be urine.

Chapter III  
86  
*Pathology of the Female organs of Generation*

*General Observations respecting the following Class  
of Diseases.*

THE generative system in women is particularly liable to such diseases as do not abate, when the cause which produced them is removed. Indeed, as much, and in many instances, more so than any other organ, or set of organs, entering into the formation of the animal body.

We find in different women, that, from various circumstances, the same cause produces very different affections of these parts. One is affected with chlorosis, or amenorrhœa, another with dysmenorrhœa, or with menorrhagia, while others are affected with leucorrhœa: On the same principle, that in both sexes, certain external circumstances such as cold, will in one produce catarrh, while in others it will produce bowel complaints, rheumatism, inflammation, &c. These diseases, too, from causes which there may be some difficulty in explaining, sometimes change from one form to another, and often exist complicated and combined with each other.

These seemingly different diseases, then, although in appearance different from each other, and considered as such by every author, nearly or entirely arise from the same cause, and indeed are literally the same disease; only in different women, or in the same woman at different times, they assume the various forms which I shall enumerate.

Whatever may be the original cause, either of chlorosis, dysmennorrhœa, leucorrhœa, or of menorrhagia, we uniformly observe that they all at length tend to debilitate the system in general; and the same reasoning which is applicable to one, is, when rationally, and, of course, properly considered, equally so to the rest.

I shall consider Leucorrhœa first, as being the most common of these diseases.

## OF LEUCORRHŒA.

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### *Definition of the Disease.*

**S**YSTEMATIC writers have defined this disease variously:

Sauvages defines it to be “a yellow serum, or puriform matter, flowing from the uterus.”

Vogel, that it is “too copious a discharge of mucus, or ichor, from the female parts of generation.”

Sagar, that it is “a serous, yellow, puriform, mucus, foetid, dark, &c. matter, poured out from the uterus or vagina.”

Cullen, though he has given leucorrhœa no place in his synopsis, treats of it in his first lines, as a flow from the same vessels, which, in their natural state, pour out the menses.

I shall endeavour to show, that leucorrhœa, is a discharge of depraved mucus, from the internal surface of the uterus or vagina, or from both.

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### *Nature and Seat of the Disease.*

**AUTHORS** not only disagree with regard to the nature of the discharge, but with regard to the parts whence it flows.



It is essentially necessary, however, to draw some definite conclusion concerning these points.

Those who suppose the discharge to be poured out by the menstrual vessels, denominate it serous; but that this discharge is generally, or even ever, precisely the same as the serum of the blood, has by no means been proved.

If, however, we were entitled to judge, from the sensible properties of the matter, and the changes both of colour and consistence which it undergoes, we should pronounce it not to be serous, but the same as that from any diseased mucous membrane.

But as the passages from different organs terminate in the vagina, and as both these organs and their canals may be differently affected, so there may be discharges different in their source and nature, all ultimately appearing in their cavity.

A discharge, besides, may pass from the urinary organs, through the urethra to the external orifice of the vagina, or it may proceed from the vagina itself, from the uterus, or from both; and it may come immediately, either from the interior surface of these organs generally diseased, or from limited ulcers, tumours, or cancerous sores situate in them, or communicating with them.

It is worthy of remark, that \* pus, formed in an abscess of one of the ovaria, has descended through the fallopian tube into the uterus, and thence through the vagina, but this is a rare occurrence.

Of these facts, any one may satisfy himself, by consulting Morgani's invaluable work, *De Sedibus et Causis Morborum*: it would be tedious and unnecessary to give instances of all of them individually.

No one, however, by leucorrhœa, understands a

\* Act. Paris 1700, Obs. Anat. 5.

discharge either from the urinary organs, or from an abscess, ulcer, cancerous sore, or tumour of any kind, in these situations. In the leucorrhœal discharge, the organs of generation are understood to be principally concerned; the only difference of opinion being about the parts of these organs, which are the seat of the discharge, or the peculiar vessels which produce it.

Some, as their definitions show, erroneously ascribe it to the uterus alone; others, to the uterus and vagina.

Those who think that it proceeds from the menstrual vessels, will of course ascribe it to the uterus; but those who think that it proceeds from the mucous membranes, will be of opinion that it may proceed either from the one or the other, or from both of these organs.

In Dr Cullen's practice of physic, he treats it in a very brief, very hypothetical, and very unsatisfactory manner; though the disease is a source of the utmost calamity to an immense proportion of the fair sex, married and unmarried, at once destroying the health of the unfortunate sufferer, and every hope of progeny. He is one of those who presumes that, in leucorrhœa, the discharge proceeds from the same vessels which, in their natural state, pour out the menses. I shall, therefore, consider the arguments which he has collected in favour of his opinion, and endeavour to ascertain how far they substantiate it.

He concludes the discharge to be of this kind: 1st, From its happening to women who are subject to an immoderate flow of the menses, and liable to this from causes weakening the vessels of the uterus. 2d, From its appearing chiefly, and often only, a little before, as well as immediately after the flow of the menses. 3d, From the flow of the menses being diminished in proportion as the leucorrhœa is increased. 4th, From the leucorrhœa

continuing after the menses have entirely ceased, and with some appearance of its observing a periodical recurrence. 5th, From the leucorrhœa being accompanied with the effects of the menorrhagia, (§ 972-3.) 6th, From the discharge having neither been preceded by, nor accompanied with symptoms of any topical affections of the uterus. 7th, From leucorrhœa not having appeared soon after communicating with a person, who might be suspected of communicating infection, and from the first appearance of the disease not being accompanied with any inflammatory affection of the pudenda."

Now, if we examine these arguments individually, we shall not find that they warrant such a conclusion.

" 1st, From its happening to women who are subject to an immoderate flow of the menses, and liable to this from causes weakening the vessels of the uterus."

But two discharges from the same organ, or from the same surface, afford no proof, that both are poured out by the same vessels: nor would the existence of debility lead us to conclude that it affected only one species of vessels. By such modes of reasoning, we might conclude, that the discharge of semen and gleet, in the male, proceeded from the same vessels, since this sometimes happens to men who are subject to immoderate flow of semen, and who are also liable to this from debilitating causes.

The different species of minute organs, incessantly operating in all organic surfaces, external and internal, are each susceptible of disorder; and the same debilitating causes will, according to their difference of structure, affect them differently.

Those vessels which produce mucus to lubricate the parts, must be debilitated and dilated by the same causes which debilitate and dilate the blood-



vessels of the uterus ; and if such debility and dilatation increase the flow of blood, however altered or modified, from the minute vessels, from which the menstrual discharge proceeds, it may equally increase the discharge from the disordered muciparous glands. And when it is known, from actual observation, that not only the uterus becomes weak, spongy, and flaccid, towards the approach of menstruation; but that the whole system is sensibly enfeebled ; we shall not be surprised, that about this time the mucous discharge should be augmented. Accordingly, we can easily perceive how the leucorrhœal discharge should, (as the Doctor 2dly observes), appear, “ chiefly, and often only, a little before, as well as immediately after the flow of the menses,” and yet may have a totally different origin. That which may cause the apparent increase of the leucorrhœal discharge, shortly before and after the flow of the menses, is, the circumstance that, even in health, the menstrual flux is both preceded and followed by a serous discharge, which, mixing with that of leucorrhœa, may, at such time, give it an appearance of temporary increase.

That which will much invalidate the second reason adduced by the Doctor, is, that the leucorrhœal discharge is aggravated at any time between the menstrual periods, and consequently independent of them, by passions of the mind, by hysteric attacks, by fatigue, &c. ; and that the disease happens even before puberty, when the vessels neither do, nor ought to pour out the menses.

The 3d argument, “ From the flow of the menses being diminished, in proportion as the leucorrhœa is increased ;” is strangely in exact opposition to the first,—“ from its happening to those subject to an immoderate flow of the menses ;” and also to his opinion, that “ that flow of the menses may generally be considered as immoderate, which is preceded and followed by leucorrhœa ;” and it is even

contrary to experience ; for the menses do not, when leucorrhœa commences, necessarily diminish either in quantity or in duration, but are on the contrary, often more copious, of longer duration, and in every respect more distressing than in health ; and indeed the Doctor himself elsewhere tells us, “ that it is sometimes accompanied with a considerable degree of menorrhagia, producing very remarkable effects ;” and, it is a fact that, in proportion as the leucorrhœa is removed, the menses return to their wonted limits, both as to time and quantity.

Though leucorrhœa even continued after menstruation, that circumstance would not indicate that they were both excreted from the same vessels ; for the leucorrhœa might be expected to continue independently of the menstruation, and the apparent consentaneity of both, might be owing to the periodical return of that debility which is absolutely necessary to the existence of both.

That there may be an increased discharge of serum from those vessels which pour out the menses, I am not inclined to question ; for it is not difficult to believe, that the serous flow, which both precedes and follows the menses, may, even at other periods, be occasionally augmented in a very great degree, just as the menstrual discharge itself is ; or even that this discharge may at one time be more diluted with serum than at another. And if I were allowed to conjecture, I would say, that it is probable, that those leucorrhœas, if they may be so termed, which observe a periodical recurrence, are of this nature ; but that such a discharge is the one which constitutes the characteristic symptom of the fluor albus, properly so called, facts will not permit us to suppose for a moment.

That leucorrhœa produces the same debilitating effects as menorrhagia, does by no means indicate that both discharges proceed from the same vessels ; it only shews, that the two complaints affect

the general constitution in a similar way. Many other diseases, very different from one another, produce nearly the same effects on the general system, and, in this respect, menorrhagia and amenorrhœa agree.

That the discharge is not preceded nor accompanied with symptoms of any topical affection of the uterus, shews, that the disease comes on sometimes when we do not expect it, but, by no means, that the discharge proceeds from the same vessels.

Nor can this be rendered probable, by the discharge not succeeding venereal infection, or local inflammation, any more than that the discharge of gleet in males should proceed from the seminal vessels, when unpreceded by gonorrhœa.

But there are many facts which shew, that the leucorrhœal discharge does not proceed from the vessels which give out the menses. The discharge is precisely similar to that which appears when the mucous membrane of the urethra in the male is in a state of disease; such discharge is not necessarily present in menorrhagia.

Leucorrhœa does not seem, by any immediate connection, which it might thus have with the menses, decidedly to render the uterus unfit for the purposes of generation; since some women slightly affected with it bear healthy children; and others, though very much distressed by it, have yet living children at the proper period of parturition; the children of the latter, however, so far as my opportunities of observation extend, are in general delicate.

The bad effects of leucorrhœa, on the production and nourishment of the fœtus, may all depend on the general disturbance of the functions of the uterine system; and this is corroborated by the fact, that this disturbance is not perceptible, till the disease is far advanced, which would certainly sooner manifest itself, if the vessels, whence flow the menses, were primarily and chiefly concerned. That



it is not confined to the uterus, is decidedly proved by this, that, after pregnancy, when the mouth of the uterus is shut, the leucorrhœal discharge is often more copious than before conception.

The celebrated Hoffman,\* to whom Dr Cullen acknowledged himself much indebted, very concisely states most of these facts. "This flow does not follow any certain rule with regard to time or duration; in some, it is incessant; in others, it returns twice or thrice a month; and there are instances of it observing, as it were, stated periods. It is found to precede, accompany, follow the menstrual discharge, or even seems to be substituted for it. Women advanced in life, beyond the time of menstruation, are not exempt from it; and it is present during the whole time of gestation."

Now this discharge is often so acrid, as to excoriate the pudenda and thighs; and what dreadful consequences should we not have reason to expect, if this acrid matter occupied the vessels which pour out the menses? For, even according to my opinion of its being an affection, in which the mucous membrane is immediately concerned, we have no other resource than to suppose, that some of the muciparous glands are still capable of preparing and furnishing healthy mucus, which may defend the internal surfaces of the uterus and vagina from the action of such a discharge.

In addition to these general reasons, we have the demonstrative evidence of dissection and actual observation, that the flow does not always proceed from the uterus alone; and that frequently the internal surface both of the uterus and vagina is concerned in the production of the discharge; and sometimes, as already shown, those of the vagina alone: wherefore it cannot, in such instances, be produced by the same vessels which in their natural state pour

\* Med. Rat. Syst. t. 4. page 4. c. 16. Thes. Pathol. § 23.

out the menses. If to this we add, that the purely serous discharge is not established, by one well ascertained fact, to have proceeded solely from the vessels of the uterus, so as to constitute this disease; we must conclude, that such is at most but a rare occurrence, and is by no means the affection generally called leucorrhœa.

I know that attempts have been made to reconcile the contradictory fact and supposition; the fact, that the fluor albus proceeds from the vagina in pregnancy, and the supposition of its being poured out by the menstrual vessels.

The vessels, it is said, of the uterus and vagina, are connected by very numerous anastomoses; and hence, when the uterus is closed, the serum flows. \* But this is so absurd an explanation, that it requires no refutation. This reasoning is somewhat analagous to that, which more lately suggested an absurd enough practice for the cure of amenorrhœa, which consisted in applying pressure to the femoral vessels, to produce menstruation. Did they not perceive, that if nothing more were concerned in menstruation than the mere loss of blood, that the monthly use of the lancet would obviate all the bad effects of suppression? The use of the lancet even for this purpose was recommended by Dr Fothergill! †

In Duncan's Commentaries, there is a case related, which shews, that the leucorrhœal discharge sometimes proceeds from the vagina alone, and that the catamenia proceed from the interior surface of the uterus.

A woman, who had long laboured under prolapsus uteri, was at last attacked also by the fluor albus; and it was observed in her, that the menstrual dis-

\* Trinka, Hist. Leuc. pars 1. § 15, p. 47.

† Vid. Med. Obs. and Inq. vol. v. p. 180.

charge came through the os uteri, but the leucorrhœal always from the vagina. \*

That both the interior surface of the uterus and vagina may be concerned, these, with the following facts from Morgagni on the leucorrhœa, will amply prove.

† He squeezed the white matter of fluor albus from different parts of the interior surface of the uterus.

‡ In a virgin, who died at the age of fourteen, were found tubercular swellings on different parts of the viscera, and a very thickened portion of the omentum adhered to the fundus uteri. The uterus was very small. The capacity of the fundus was full of a white humid matter, verging to a yellow or greenish colour. Minute whitish tubercles appeared on its anterior surface, but none at the border of the os uteri. The vagina and hymen were inflamed, from the matter, no doubt, of the discharge.

|| In another case, greyish white matter was found in the cervix uteri and vagina; the blood vessels of the fundus gave an appearance to the membrane, similar to what the schneiderian would evince in consequence of cold. And he adds, that both ancient and modern physicians reckoned these effects very similar to each other.

I have, however, no hesitation in stating the vagina to be the common source of the disease.

We might, with equal plausibility maintain, that the puriform matter occasionally discharged from the cavities of the lungs, fauces, and nose, is poured out by the same vessels with the blood in epistaxis and hœmoptysis, as that the menstrual and leucorrhœal discharges proceed from the same vessels.

\* Commentaries, vol. iv, p 88.

† Morgagni, Epist. XLVII. § 12.

‡ Idem, § 14.

|| Idem, Epist. LXVII.



It is of importance to observe, that a great proportion of women have been taught to believe that leucorrhœa is a natural discharge, the existence of which is, for the most part, absolutely necessary to the preservation of health; and if their health be already considerably impaired by it, the old and experienced matrons most fatally console themselves and others in the supposition, that to this discharge alone they owe the little health they possess. It is not therefore to be wondered, that women often so strenuously deny being affected by it.

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*Of the Source of the Leucorrhœal Discharge.*

As it appears established, that the leucorrhœal discharge proceeds from the uterus, and more especially from the vagina, or from both, in consequence of an affection occupying, to a greater or less extent, one, or other of the internal structures of those parts, or both of them at the same time; and that discharges, from other sources, or caused by other diseases seated in the same parts, may be mistaken for the leucorrhœal; but we may, by a little attention, easily distinguish the latter from the former.

It may be difficult to determine, whether the discharge proceeds from the vagina alone, or from the uterus, or from both.

When there has been no disturbance in the functions of the uterus; when the general health is good, or not evidently suffering much; when the functions of the stomach, which so sympathetically participates in the morbid affection of the uterus, remain unimpaired; we have reason to think that the vagina is chiefly in fault, and *vice versa*.

But if the disease have altogether another source, and proceed from the urinary organs, we may discover, by the functions of the bladder being disordered, by pain in passing water, the discharge being much increased in rising from a horizontal posture, the appearance of the urine, and the discharge always disappearing for sometime after the passage of the urine.

When the case is, as very frequently happens, rendered complex, by the presence of other affections, we must judge of these, as well as of their magnitude and importance, from the additional symptoms which manifest themselves. Many facts detailed throughout this work will convince any one, that the discharge is often only a concomitant symptom, or comparatively insignificant addition to affections which may hold in contempt the dexterity of art, and almost convert into folly the ingenuity of science.

The two following cases, which lately came under my observation, as illustrating these varieties, are worthy of notice.

A young girl, aged 16 months, after suffering severely from an inflammation in the left groin, which rapidly became of a livid color, suppurated, burst, and became an ill-conditioned ulcer, was affected with swelling of the *labia pudendi*, and had puriform matter discharged both from the ulcer and from the parts of generation. The ulcer was kept clean, dressed with ung. alb., and cathartics were given; but still the ulcer increased in size, and became puckered, irregular, and thick in the edges.

On examining the child's mouth, several of the teeth were felt distinctly almost through the gums, which being freely opened, the child soon after seemed much relieved. The ulcer was still dressed as formerly.

Speedily the ulcer in the groin assumed a healthy appearance, the inflammation was greatly reduced, and not long after, it was completely healed. The state of the teeth was evidently the cause of this complaint.

Another young lady, aged five years, had, for several weeks, been affected with violent inflammation of the *labia pudendi*, with great swelling, difficulty of voiding urine, and a plentiful discharge of puriform matter from the parts of generation. The parts became livid and acutely painful, but there was no external ulceration. Cathartics were given, and emolient poultices were applied, before I saw the child. On examining the mouth, I found that the child had the full number of teeth for one of her age. By a continuance of the treatment mentioned above, the inflammation, swelling, and pain in voiding urine, gradually abated, and, in about ten days, entirely disappeared. The discharge from the parts of generation continued about a week more, when it likewise went away.

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### *Causes.*

THERE is not a power that can debilitate the human frame, but has been, and perhaps truly, reckoned a cause of this complaint.

Those circumstances, however, that contribute most immediately to its production, are such as debilitate the uterus itself, viz. difficult labour, abortions, and uterine hemorrhagies; to which may be added, inflammation, and whatever can induce subsequent atony of the membranes investing the vagina and uterus.

As to the suppression of the mucus discharged from the nose, or even that of the secretion of milk



in the mammæ of nurses, which have been numbered among the causes, they seem scarcely worthy of notice.

The disease is denominated leucorrhœa, fluor albus, or whites, from the appearance of a certain fluid matter discharged *per vaginam*; which is the characteristic symptom of the affection.

In addition to the discharge, the patient complains of severe pain of the back and pubis. Pains of different degrees of acuteness and continuance, also extend along the spine, the loins, and are occasionally felt in the head, in the stomach, in the intestinal canal; in the kidneys, bladder of urine, uterus, and in one or more of the joints.

The abdomen is tense, hard inequalities are often felt in different parts of it; and, lassitude, debility, and sluggishness, are generally remarkable.

The pulse is from 80 to 100, or 120, per minute; feeble, sometimes irregular, or even intermittent.

The patient is oppressed with a sense of weight in the cervix uteri, so that she feels easier when sitting with the knees drawn upwards. She sleeps but little, and even that little is disturbed by fearful dreams, and is far from refreshing.

The general health and external appearance suffer apace, though near the commencement of the disease, and even for a long time of its course, this is not very perceptible.

She generally looks pale and emaciated, her eyes are generally dull, and streaked with a dull red, and have a blue semicircle under them; there is a certain softness, a sort of puffy swelling and bloated appearance over the whole body, in this respect resembling chlorosis.

In the progress of the disease, the skin assumes a yellow taint; the feet and ankles swell toward evening. Some, or all the functions of the body, become less or more disordered, appearing variously

in different individuals, and at different times during the disease.

Her mind is very dejected, very apprehensive, very easily alarmed, and affected with deep melancholy. She is extremely peevish, fretful, irascible, and anxious.

She feels oppressed about the precordia, is troubled with slight cough, dyspnœa, and pain on full inspiration, with palpitation and fainting, particularly on the body being suddenly moved, or the mind in any way alarmed.

The affections of the stomach and intestinal canal are generally present during the whole course of this complaint; these are want of appetite, depraved digestion; in short, all the symptoms of dyspepsia, with sickness in the morning and evening, and vomiting.

The bowels, for the most part, are obstinately constive, but sometimes there is a severe dysenteric attack, succeeding the constipation.

The urine is turbid, and the bladder is often much affected.

The menstrual discharge is frequently too copious, irregular and discoloured; sometimes scanty, or even suppressed, as shall subsequently be explained.

This last occurrence has been followed by very singular symptoms, for to the suppression of menses, we are assured that there often supervene hæmoptysis, dysentery, hæmaturia, inflammation, schirrus, many affections of the viscera; and there is not only epistaxis, but discharges of blood from other parts, as the meatus auditorius, the points of the fingers, &c.

The disease is sometimes cured spontaneously, by some change or revolution in the system, manifesting itself in critical evacuations, as copious salivation, diarrhœa, sweating, vomiting.

It is said to have been sometimes, though rarely, removed by puberty and conception.

But when it is not removed by nature or art, it proceeds to waste the constitution with accumulating mischief. All the calamities above detailed are aggravated. The eyelids and face at length swell in the morning, the legs and feet in the evening; the body is astonishingly meagre and debilitated, and now, in the last stage, hectic fever, with all its dire attendants, and dropsy in every form, supervene, and terminate the miserable scene.

Hysteria, in a greater or less degree, generally precedes and accompanies the disease through its course.

The greater number of those symptoms are common to this, with the other affections in which the uterus is, or appears to be, concerned.

The disease is said to have affected females of every age, even infants at birth, and I have known it to affect them shortly after, and to continue for many years.

It sometimes attacks severely, during pregnancy, those who are slightly affected with it when not in that state; and there are instances of women being attacked with it only during pregnancy.

After it has continued for some time, the function of generation is disturbed, and it is not an uncommon cause of sterility.

It has observed all the varieties of duration, from a momentary attack to that of 30 years or more; in general, however, leucorrhœa is very obstinate, and not unfrequently defies all the powers of art.

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### *Discharge.*

THE discharge is sometimes continued, sometimes intermitted; varies in quantity at different



times, and according to different circumstances; is more copious in winter than in summer, is also more copious a day or two before the flow of the menses, than during the rest of the interval between the period of their appearance.

But the quantity is occasionally very abundant, or the contrary; being influenced by passions of the mind, and every thing that in the least affects the state of the body.

The matter of the discharge assumes a great variety of appearances, according to the state of the parts from which it proceeds, and more or less, that of the general habit conjointly.

It is at one time clear, limpid, viscid, or glairy; at another, white, green, yellow, brown, or of mixed colours, sometimes it is completely puriform.

When the disease is far advanced, it becomes sanious, ichorous, acrid, shockingly disagreeable to the sight and smell, and excoriates the uterus, vagina, labia pudendi, and thighs.

In the discharge there sometimes appear, particularly in the last stage, fleshy tumours, detached coagulated substances, portions of membranes, the products of sp<sup>h</sup>acelation, and even animalcula resembling ascarides, are recorded to have been found in it.

Sometimes the discharge stops spontaneously, and this is succeeded by very troublesome consequences, as pains in the hypogastric region, and head, fever and delirium; ulcers break out on different parts, which relieve these symptoms; and, not unfrequently, on such an occasion, acute, chronic, exanthemata, break out over all the body. Erysipelatous, and other eruptions, however, are not rare at any time during the disease.

Dr Cullen's hypothesis implies, that the leucorrhœal is nothing else than the depraved menstrual discharge: But this is not only very improbable, from the circumstances above mentioned, but from

others ; the leucorrhœal discharge has often all the appearances and properties of pus ; are we therefore to suppose that the menstrual fluid ever assumes this form ?

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*Distinction, &c.*

SOME practitioners have deemed it of importance, to ascertain, whether the complaint originated from venereal affection, and was preceded by local inflammation of the vagina, because, in these circumstances, they would consider it rather as gleet than leucorrhœa.

But between gleet, considered as a disease of debility, the principal symptom of which is a chronic, mild, glairy, or somewhat puriform discharge from the vagina, and leucorrhœa as an atonic complaint, there really is and can be no distinction, from whatever cause they may have originated ; the medical treatment of both must be precisely the same, and equally regulated by the same concomitant symptoms.

It will frequently happen, that we cannot determine whether the complaint has arisen from venereal infection, or not ; in most instances, however, we may judge with tolerable precision, from certain circumstances in the history.

If the patient has been rather declining in health for some time, been troubled with stomachic affections, pains in the loins, &c. ; has not been regular in her menses, either as to quantity, duration, or recurrence ; if the menses have either been preceded or followed, for some time, by an usually great serous discharge ; and there has, to these symptoms, succeeded a thin, glairy, or even more or less puriform discharge, unaccompanied with heat or pain in the bladder or uterus, or their canals ; if

the patient has suffered from abortions, tedious or difficult labours, or is at that age when the menstruation must cease, in obedience to an immutable law in the animal economy, we shall be pretty safe in considering the complaint as a leucorrhœa.

But if a woman, enjoying good health, is suddenly attacked with ardor urinæ, puriform discharge from the vagina, and other inflammatory symptoms, the suspicion of venereal infection will be very strong.

Still, however, let us hesitate before we pronounce an opinion; we may stain the purity of innocence, and, to bodily sufferings, add those of the mind, from which the unfortunate individual may never recover.

Though the suspicion be very strong, yet even this form of the disease may arise from many causes, totally independent both of infection or coition.

Inflammation of the most active kind, seizes the female organs of urine and generation, quite independently of infection, and that even in infancy, as is shown by the two cases, page 72., when the time of life precludes the possibility of suspicion; there is no accoucheur who cannot testify this.

Young women are sometimes afflicted with such itchings, heat, and pain, in these parts, that they can neither sleep, sit, nor walk.

The glands about the urethra, the clitoris, the labia pudendi, are discovered to be enormously tumified, reddened, excoriated, and exquisitely sensible to the touch. Pus flows in great quantity; the urine cannot be voided without excruciating torture; and the complaint is completely removable by the common antiphlogistic means.

In short, the membranes investing the vagina and uterus may be inflamed, though not by the poison of lues, just as easily as those investing the mouth, fauces, and lungs.



When the discharge has continued for any great length of time, the constitutional and local symptoms are the same, from whatever causes the disease has proceeded; and the cure is to be conducted in precisely the same way, so that the distinction is not now of so great practical importance; but even here we sometimes form a pretty correct opinion, from enquiring into the history of the complaint.

Even though a gonorrhœal discharge, with or without excoriations of the prepuce and glans penis, appear in consequence of connection with a female, this is not complete evidence of venereal infection; for this often happens to a husband, when his wife labours under leucorrhœa.

We have reason to believe, that, on such occasions, the rash and false judgment of medical men; has often been productive of irreparable mischief, blasting the reputation of an innocent wife, the confidence and peace of mind, both of her and her husband, and disgracing their innocent offspring.

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### *Affections combined with Leucorrhœa.*

THERE is not a disease which assails the female body, with which, according to authors, leucorrhœa has not been connected in the relation of cause, concomitant, or effect.

The affections, however, with which it is most frequently connected, are those of the uterus and its appendages; and among these we may number schirrus, cancer, tumours of various descriptions, indurations, and other affections of the vagina, uterus, and ovaria; similar affections also of the bladder and kidneys, paralysis of these parts, strangury, or dysury, and calculous affections.

It often exists along with scirrhus, or cancerous

tumors of the mammæ, and with some one of the herniæ. In short, whatever greatly deranges, and greatly debilitates the system, is most apt to occasion it.

In examining cases of this disease, we ought to ascertain whether there are tumors about the cervix uterî, or any of the parts that can be examined.

In females advanced in life, and particularly about the time of the cessation of the menses; and in those who have cancerous affections of the mammæ; we have occasionally reason to think that such tumors are present, from small fleshy bodies having been voided *per vaginam*.

When, without the evident symptoms of disorder in the uterine functions, there has been great pain and irritation in the parts, unaccompanied by any discharge, with some other inflammatory symptoms, more or less severe, and these at last abate; and a discharge of puriform matter appears, we have reason to think that an abscess has been formed.

The following cases, treated by Mr Hey of Leeds, do great honour to the author.

\* " In April 1780, Mrs D. of S. about 20 miles from Leeds, consulted me on account of a very troublesome fluor albus, as she judged it to be. She informed me, that the disorder had come upon her about five years before, during pregnancy, and had hitherto resisted the effect of every remedy given for her relief. In answer to my enquiries, she gave me the following account of her complaint.

" The colour of the discharge was white, inclining to yellow. It flowed in an irregular manner, unconnected with any circumstance which she could recollect. Sometimes it began to flow suddenly in large quantity, and continued diminishing until it ceased. The parts were often rendered sore by the evacuation.

" From these circumstances, I suspected that the nature of the complaint had been mistaken, and

\* Hey's Surgery, 1803. p. 486.

was apprehensive, that a collection of purulent matter might have been formed in the vagina. I gave her the reasons of my suspicion, and told her, that, in my opinion, the true state of her case could not be ascertained, without an examination of the parts affected.

“ Upon examination, my suspicions were verified. I found a quantity of purulent matter collected on the left side, where the labium pudendi joins the vagina. I thrust the blunt end of a probe into the cyst, where it appeared to be very thin, and the matter flowed out very copiously. I informed her, that a surgical operation would be necessary for her cure; but she declined submitting to it, and returned home.

“ I heard no more of my patient till May 1781, when she returned to Leeds, determined to put herself under my care. The disorder had remained in the same state. The cyst was sometimes healed, and then bursting open, continued for a time to discharge the purulent matter as before.

“ Upon dividing the cyst, I found that the cavity in which the matter lodged, was about an inch and a half in diameter. The whole interior surface of the cyst was smooth and shining; and, on that account, I judged it improbable that a simple division of the cyst would effect a cure. I thought it necessary, therefore, to remove the greater part of that portion of the cyst, which was formed by the internal lining or cuticle of the labium pudendi. The hemorrhage was inconsiderable, and soon ceased. The wound healed kindly, and my patient obtained a perfect cure.”

“ In 1786, Anne Miller came under my care as an out patient of the General Infirmary at Leeds, for a node upon the tibia, which I suspected to have had a venereal origin. When she was about to be discharged, cured, she informed me, that she had been troubled for 15 or 16 years with sudden and



irregular discharges of purulent matter from the vagina. These discharges, she said, were frequent, and considerable; yet she never perceived any matter to be mixed with her urine.

“ Upon examination, I found a roundish tumor at the os externum, appearing to be formed by an enlargement of the bulbous part of the urethra. When the tumor was compressed, pure pus issued from the urethra; yet her urine did not contain the least mixture of purulent matter. Upon introducing a bent probe into the urethra, I could easily push it into the most depending part of the tumor; and could feel the probe distinctly by a finger introduced within the vagina.

“ I divided the tumor longitudinally, at a time when it was distended with matter. That part of the vagina which I cut through, was not thinned by distention, but was rather tough. The cavity of the cyst was smooth. As the opening which I made was depending, and as the removal of any part of the cyst would have been attended with difficulty, I only filled the cavity with lint. A small artery was opened by dividing the cyst, but the hemorrhage did not continue long. This patient recovered speedily, and got quite free from the complaint.”

When cancer is present, the symptoms are too tremendous, and too decisive, to leave any room for doubt.

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## OF CHLOROSIS.

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THE disease, termed Chlorosis or Amenorrhœa, is caused either by a suppression or by a retention

menstruation ; not appearing at the usual period, it is the cause of great distress.

The features are, in this disease, tumified and inexpressive, and a paleness or yellowness, nearly approaching to a shade of very faint green, pervades the whole of it, while the eyes are dull and heavy. The body is flaccid, and the extremities are edematous ; weariness and pains are felt about the loins ; and the patient is totally unable to use the most moderate exercise without suffering the greatest distress.

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### OF DYSMENORRHŒA.

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WHATEVER may have been the original cause of what is called Dysmenorrhœa, in which the catamenia flow with difficulty, and are accompanied with great pain, we know debility to be in general present to a great degree when that disease is violent.

Cullen, as usual, thinks, that it depends on spasm of the extreme vessels of the uterus ; perhaps this may exist along with it, but I am sure that this is not the cause of it ; nor do I think his practice of prescribing opiates, though it remove such spasm, can possibly remove the disease. Hyocianus has been prescribed, which acts nearly on the same principle.

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### OF MENORRHAGIA.

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MENORRHAGIA is an irregular, but at all times an increased flow of blood from the parts of the ge-

neration of women, or it may simply consist in a remarkable increase of the menstrual fluid alone. But from whatever cause it arise, (for various causes may combine to produce this state) it uniformly tends to induce every symptom often of the most dangerous debility of the general system.

All the causes of menorrhagia, assigned by Cullen in his first lines, such as a continuance of full and nourishing diet, much strong liquor, intoxication, violent shocks of the whole body from falls, or contusions on the lower belly, violent exercise, violent passions of the mind, excess in venery, particularly during menstruation, a costive habit, &c.; frequent abortions, frequent child-bearing without nursing, difficult tedious labours, living much in warm chambers, and drinking much warm enervating liquors, such as tea, &c., are evidently calculated to induce, directly or indirectly, a state of local or general debility, previous to the appearance of the disease; consequently I cannot with him consider it as an active hemorrhage.

In advanced stages of these complaints, the most depressing debility is experienced on the very slightest exercise being used; and even this takes place without motion, while the pulse is uniformly feeble and irregular.

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While enumerating these diseases, I may take notice of another complaint, which, in a practical point of view, resembles those I have just mentioned. I allude to that distressing irregularity in menstruation which very commonly torments the patient for years, but more frequently only a few months previous to the complete disappearance of the catamenia.

We sometimes also meet with cases where the menstrual flux, after having continued regularly for



some time, begins, by gradual steps, to become irregular, and, at length, a total suppression takes place. This state of the system often continues for months, or, in very strong women, even for several years, without occasioning any apparent injury to the general health. But, unless it be removed, the complaint always terminates in an almost complete wreck of the constitution, and, often, when all the very worst symptoms have accumulated, there is added to them occasional irregular floodings, attended with most excruciating pain. Under these circumstances, if the patient be not soon relieved, she is generally seized with some other systematic affection which almost always terminates her existence.

I have seen numerous cases of this sort, and am convinced that every moment lost, till the patient's complaints are removed, is, though often for years unperceived, ultimately attended with certain ruin to the constitution.

It is by no means an uncommon symptom, attending irregularity in the menstrual discharge, for an enlargement of the uterus gradually to take place, similar to and not uncommonly, under certain circumstances, mistaken for pregnancy. I have known many ladies persist, from this enlargement, as well as from a similar motion to what is felt in pregnancy, in the notion of their having been in that state for several months. Disappointment, however, was always the result; for, either without any visible cause, or even the slightest discharge, or, occasionally, with a copious discharge of dark coloured fluid, the enlargement has in a few hours, often sooner, entirely disappeared.

## CHAP. IV.

## GONORRHŒA.

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*Introductory Remarks.*

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DECIDED parties of theorists have always existed, each endeavouring to defend his peculiar notions respecting the nature of the venereal poison. Some insist upon the nature and properties of the matter of gonorrhœa and lues venerea being entirely different from each other. Some that these fluids are of the same nature, but equally capable of producing either of these diseases, according to the anatomical structure of the parts to which the matter of infection is applied; others, that either of these kinds of matter can produce the same or the opposite affection in a sound person, and not on the person who secretes them, according to the nature, susceptibility, or structure of the surface to which the infecting matter is applied; while some maintain that these effects are greatly modified from the peculiarity of habit of body of the person to whom the infecting matter is applied, or according to the virulence of the matter itself,—a gonorrhœa being in general produced by a milder cause, and in a shorter period, than lues; and this last argument is attempted to be supported, when these complaints appear in the same person, by the gonorrhœa appearing first, chancre next, and so on.

I confess I have, at various periods of my life, been sometimes inclined to the one, and sometimes

to the other side of the question. Practically considered, however, we all know that these affections are in general removeable by plans particularly adapted for each. Gonorrhœa yields to injections, which, if applied to chancre, produce no beneficial effect; and, on the other hand, lues is cured by the various modes of introducing mercury into the system; but in perhaps no well marked case of gonorrhœa will this substance, similarly applied, remove it. There may be some exceptions to these rules, but in general they hold just, and when such exceptions do occur, much must depend on the discernment of the medical attendant, in rationally considering them. Bigotted opinions in the medical profession may often lead to very serious consequences for the patient; they ought, therefore, not to exist.

The arguments in favour of all these opinions above mentioned, seem often judicious and extremely plausible; but neither of their supporters have yet been able positively to do any more than merely to contradict the assertions advanced by the one he wishes to condemn, in order that his notions may gain ground. The contest, therefore, seems in some points well supported by the ingenuity of either set of theorists.

Owing to the circumstances I have stated above, I decline espousing indiscriminately the doctrines either of the one or of the other, conceiving it more to the point, to dwell on and impress the mind of my readers with facts, which can be more clearly demonstrated, and more immediately applied to use. Employing time, which is too commonly done both in books and in lectures, in discussions which are not only not useful, but often calculated to bewilder the mind, and lead to erroneous practice, is at all times at least improper.



*Definition.*

GONORRHŒA is a local inflammatory disease, affecting the organs of generation, accompanied with a discharge from these organs, and not unfrequently extending its influence to the whole system. This discharge, while the inflammation is yet active, assumes the form of pus, though it is to be remarked, that matter discharged from wounded surfaces, in the highest degree of inflammation, is often thin and watery, holding some acrid saline bodies in solution, similar to the discharge produced in consequence of vesication. Frequently the inflammatory symptoms abate, and even gradually disappear. When the complaint is not cured spontaneously, or by art, the discharge continues, is changed into a thin watery fluid, at first whitish and opaque, afterwards transparent, mucous, and glairy, and the patient suffers from local and general debility.

*Causes, &c.*

GONORRHŒA is excited by a specific contagion, and by other causes; and that form of it which depends upon specific contagion, is, by immediate contact, capable of producing a similar disease in the same parts, to a person previously sound.

I have not facts enough to warrant me to assert, how far gonorrhœa, from any cause, except impure connection, is capable of being communicated to a sound person. But, so far as my observation goes, it is not in this case so infectious; indeed, I have not even a well authenticated instance where such an occurrence has taken place. Where the matter of gleet, too, has been brought, by internal medicines, to a state similar to that of gonorrhœal matter, I have not *yet* found, that it has communicated

infection to a sound person. Perhaps others may be better able to clear up this matter than I am at present ; or perhaps I myself may be better able to do it at some future period.

This disease seems different in its severity, in different individuals, but in all is capable of supporting itself, after the cause which seemingly first induced it has ceased to act. When it arises from any other external application, or from internal medicines, its continuance is of much shorter duration, as whenever by them a similar discharge is produced, it does not in any instance seem capable of supporting itself, for any great length of time, by any peculiarity of action which the parts from such causes assume.

#### *Seat.*

It may be difficult at any one time to ascertain the exact extent of the urethra, that may be affected in gonorrhœa. Although we may sometimes be guided by the seat of the pain, which is usually most severe in one particular spot, yet this is an uncertain method ; as we know that acute pain may sometimes occur in that canal, although the disease, to which it owes its origin, is in a very different part. In stone in the bladder, for instance, the most acute pain is often felt at the orifice of the urethra.

In most instances, it has been alleged, that the seat of this disease is but a short distance from the orifice of the urethra. The exact spot, however, which may be affected by this disease, unless indeed it extends backwards so as to affect the bladder, &c. is, in a practical point of view, of no very great importance. Our injections, in perhaps every case, are always thrown a few inches into the urethra, and it is seldom, I believe, that the disease exists beyond this.

*Symptoms and Extent of the Urethra affected.*

I CONCEIVE it totally impossible, in this disease, to lay down rules respecting the time which intervenes between the application of the infection and its appearance, and equally so to ascertain the probable time that may elapse between the time at which this disease may occur, and its removal, even under the most prudent management. These circumstances, all other points being strictly attended to, must be greatly influenced by the habit of body, or the constitution of the patient.

I may remark, that, in some instances, the infection will sometimes remain many weeks in the system without producing discharge. Thus, a gentleman who was scrofulous, had a number of chancres about the glands, and one directly intersecting the frænum; these did not heal in less than eleven weeks; they had scarcely received a thin pellicle for a covering, when a severe gonorrhœa, with chordée, attacked him. I could rely on the veracity of the gentleman, who assured me, that he had not exposed himself to any fresh infection: I examined the penis, and such was the state of the recently skinned chancre on the frænum, that he could not have had illicit connection without tearing it. Such accidental occurrences are the grand instructors of mankind; in neglecting them, we often lose very valuable lessons. Nature teaches by example, not by precept.

The time then at which this disease appears, after exposure to infection, as well as the severity of its symptoms, are as much different in different individuals, as if it were entirely a different disease with which they were affected. In some, indeed, in three, four, or five days; while in others, six, eight, or even ten weeks elapse before any discharge takes place.



In this, as perhaps in every other complaint, a general description of the more commonly occurring symptoms may be given, and, in the generality of individuals, scarcely a diviation from such a description will occur. Yet various circumstances, such as the frequent recurrence of the complaint, manner of living, &c., will greatly contribute to render the symptoms both more regular, or otherwise, and more violent or more mild, and will consequently require the disease to be considered with due attention to these circumstances, that we may be most successful in our treatment.

After the infection has been caught, the penis, in general, becomes somewhat enlarged in all its demensions, the glans is irritable, and the lips of the urethra become slightly inflamed, and somewhat thickened; the stream of urine is in some degree contracted or twisted, and sometimes the small glands along the urethra are enlarged. and a chordée, with soreness, are felt along the whole canal. In some cases all these appearances are observed before the discharge comes on; but more commonly the discharge occurs early, and accompanies their formation.

The discharge, on its first appearance, is rather of a thin and sometimes mixed nature, but this, as it advances in severity, becomes thicker in consistence, and of a greenish yellow colour. This is soon succeeded by a greater or less degree of scalding, and sometimes a sensation of fullness along the urethra. The extent of both these symptoms, however, depends more on the particular state of the patient's system, than on any quality exclusively connected with the disease itself. This is about the period when chordée becomes most violent.

The pain increases rapidly after it has commenced, and the urine, in passing along the urethra, seems as if actually scalding the passage. The pa-

tient is positively in terror at the thought of passing it, and the distortion of body which he sometimes exhibits in the acts, as well as the convulsed state of the muscles of his face, render him an object, ~~were it from any other cause,~~ of real pity.

This distressing heat and pain, during the act of passing urine, is owing to the inflamed state of the membrane of the urethra; and this of course is more or less severe, according to the degree of disease into which the membrane has been reduced. This sensation not uncommonly extends as far back as the neck of the bladder, often causing a complete suppression of the discharge, and rendering the patient's situation extremely uncomfortable. The continual desire also to pass water, which such a state almost always occasions, from his inability either to sit or walk, all of which he does with the very greatest difficulty occasion much real distress.

Sometimes, then, when the inflammation is at a very great height, the glands immediately beneath the membrane of the urethra are rendered completely incapable of secreting, and consequently the discharge is even checked by this very increased degree of inflammation. In severe inflammation of the membrane, of the nose, and trachia, we find the same phenomena occur, and our first sign of this violent degree of action beginning to abate, is the return of the suppressed discharge.

It has uniformly been asserted, that the longer the pain and discharge of gonorrhœa continue, the further the disease advances along the urethra, 'till it even, as has been also asserted by some, reaches the bladder, &c. Now, to ascertain the progress the disease makes along the urethra, we are desired by Mr B. Bell and others, to apply pressure to various parts of the penis, and observe, whether by these means matter in increased quantity proceeds from the orifice. But it seems to me, that all the benefit that can be derived from ascertaining the exact spot

from which the matter flows, is comparatively of little importance, to the chances of, by such pressure, protracting the disease, and perhaps, in a great proportion of cases, inducing gleet.

As the irritation thus spreads on the membrane, the discharge increases, and the pain is aggravated. Involuntary erections more lasting than those naturally produced, are excited, and the penis, during them, from extraordinary distention, feels as if some compressing power was applied to the sides of it, or rather round its whole circumference. But although pains of various acuteness affect the penis, scrotum, and and other adjoining parts, often from the commencement of the disease, none of them are ever so severe, as the affection known by the name of *chordée*. While the former pains are of a dull, gnawing, and exceedingly distressing nature, the latter are often so indescribably acute, as almost to occasion temporary frenzy.

### *Chordée.*

CHORDEE must certainly depend on the inflammation, to which gonorrhœa gave rise, having penetrated to a considerable depth beneath the membrane of the urethra. The *corpus spongiosum urethræ* is affected with the inflammation, as well as the *corpora cavernosa penis*; the circulation is impeded in them, and their powers of extension are in some degree restricted. In this state these bodies cannot bear distension without occasioning great pain. Thus they are inflamed, tumid and overloaded, and during erection, laceration of the reticular substance, by which hemorrhagy ensues, is by no means uncommon, and by it immediate, though generally only temporary, relief is obtained.

Perhaps then this is the most troublesome symptom connected with gonorrhœa, and it takes its



name from the penis being curved downward, and the glans drawn in as it were with a chord. This symptom is most generally felt when the inflammation runs high, and is much more troublesome during the first gonorrhœa than in any after affection of this sort in the same parts. It is chiefly felt while the patient is warm in bed, and while the penis is in a state of erection. Thus, whenever chordee becomes a symptom of gonorrhœa, rest is disturbed; the gonorrhœal symptoms are aggravated; and the disease is protracted.

Chordee begins with a spasmodic action on the frænum, during erection. The frænum thus kept upon a constant stretch, has in some instances given way, and a hemorrhage which, as just stated, gave temporary ease to the pain formerly felt along the urethra, has followed. The discharge, however, soon increases, and the symptoms become still more acute than formerly. The heat attending the passing of urine becomes intense, and it is now attended with a heavy and uneasy sensation about the neck of the bladder; and the *acceleratores urinæ*, partaking of the general tenderness, prevent the patient from sitting without the greatest uneasiness and even pain. In this state of the complaint the glands in the urethra, from having become considerably enlarged, may be felt externally. In this very high inflammatory stage of the complaint, and from the enlargement of the glands now alluded to, the urine is often passed in a small irregular or forked stream, giving rise to the supposition of the existence of stricture. If, even in this virulent state of the disease, the discharge continues profuse, it is a favourable symptom. But if, under these circumstances, it stops suddenly, other and worse symptoms will ensue, such as swelled testicle, &c., and even the prostate gland and seminal vessels have been supposed to suffer from this cause.

*Phymosis, &c.*

PHYMOSIS, as well as paraphymosis, certainly have existed during gonorrhœa, independently of chancres, but they are more commonly found accompanying chancres.

*Swelled Testicle.*

ALTHOUGH at any period of gonorrhœa, owing to various causes, a swelling of the testicle is apt to occur, yet it is most common in the latter stage of that disease.

When the pain is first felt in the testicle, and when the epididymis begins to swell, the discharge from the urethra usually abates or entirely ceases, and the inflammation in the testicle proceeds. A most exquisitely sensible pain is felt in the epididymus, particularly on its being touched, and it becomes hard. In some patients, the testicle does not begin to swell till after the epididymus has become enlarged. The most exquisite pain is now felt even when the testicle is at perfect rest, which is probably owing to the distention of its coat. Although the scrotum seems enlarged upon the swelling of these bodies, yet it but seldom partakes of any great degree of active inflammation.

After the swelling of the testicle, the spermatic chord not unfrequently becomes similarly affected, and is, as when the testicle is affected, attended with very great pain. The whole course of the chord is sometimes morbidly affected, and even pain is felt in the loins and about the region of the kidneys. The patient is at length distressed with a continual gnawing pain in his back, and febrile symptoms affect him.

This symptom, then, is a very frequent attendant on gonorrhœa, particularly if, during that affection, severe bodily exercise, irregularity of living, or excess of venery, have been indulged in, too strong and irritating injections used, or the too liberal application of the bougie. It is not so common for both testicles to swell at once, as for one to be first affected, and, when it begins to recover, we often observe the other begin to swell, and, in this way, unless under proper management, the disease is often protracted for several weeks.

A little attention may, on almost every occasion, prevent the occurrence of this symptom. Indeed, that it ever occurs, is perhaps more owing to inattention or bad treatment, than to the nature of the disease.

On the first approach of a swelled testicle, the patient feels, as if the one affected was from time to time in a state of slight motion. But this soon gives place to dull, heavy, burdensome pain, to which is soon added twitching, darting pains; it gradually, sometimes quickly, increases in size, and a throbbing sensation is felt in it; so that suspension of it becomes necessary.

This symptom, however, unless from improper treatment, seldom remains. But when the discharge entirely ceases before the swelled testicle has subsided, the swelling remains often for years, and sometimes for life. Permanent swelling of the testicles is, on the contrary, more apt to be induced by causes (such as external violence, &c.) which do not occasion a discharge from the urethra; and these swellings very frequently continue for life.

The testicles, too, often become enlarged and hardened, and remain in that state for many years, without occasioning much inconvenience to the patient: At other times, they become first somewhat enlarged in size, but, almost immediately after, one



or both of them evidently decrease greatly below their natural size, and at length entirely disappear.

*Affection of the Prostate Gland.*

PROBABLY the surest way to ascertain, whether or not the prostate gland be diseased, is by examination, on introducing the finger per ano; if so, it will feel larger than natural, and painful to the touch. Other less symptoms may sometimes direct us in ascertaining the state of this gland, such as a dull heavy pain in its situation, an occasional shooting pain along the rectum, and frequent attempts to void urine without the ability to do it. These latter symptoms, however, may depend on other causes, and consequently cannot be admitted as diagnostic signs of the existence of this complaint.

When the prostate gland is diseased, it is productive of very distressing symptoms. It may be generally inflamed from the effects of gonorrhœa, or it may arise from a scrofulous state of the system; from long and excessive drinking, or from very long and frequent venereal indulgences. If it arises from venereal indulgences, provided it be early attended to, and the cause withdrawn, if no constitutional cause assists in supporting it, the healthy functions of the gland will be easily restored. Even when this disease arises from a constitutional cause, it generally comes on late in life, and even then, the exciting cause of it generally is, either together or separately, excessive venery, or hard drinking.

When the gland is affected, there is a thick white discharge of mucus passed at irregular periods from the urethra. This has a faintly nauseous smell, and may be perceived by those who sit in company with the patient. This discharge increasing in quantity, the patient becomes pale, emaciated, and dejected, and becoming gradually weaker, he at length is exhausted, and dies

*Ophthalmia.*

I THINK there can be no question that the venereal ophthalmia, during both gonorrhœa and pox, is, in every instance, produced from a direct application of the matter to the eyes; not from a retro-pulsion of the disease, as has been ridiculously asserted. Patients are too often careless of these matters. They ought at all times, immediately after touching the affected parts, to wash their hands with soap and water.

This attendant on the disease, is one of the most acute, inflammatory, painful, and destructive affections, which perhaps occurs in the whole range, either of the practice of physic or surgery. In comparing it with the whole class of acute diseases, indeed, there is none equal to it, in rapidity, torture, and destruction.

*Concluding Observations.*

THE violence of gonorrhœa is greatly influenced by the climate, age, sex, peculiarity of constitution, manner of living, habits, &c. Its violence, I should imagine, is more to be attributed to one or other of these causes; than to any peculiarity exclusively incident to the disease itself.

In some we find the discharge small in quantity, attended only by slight pain, while in others, the discharge is copious, and the pain and chordée most excruciating. These various circumstances, however, do not seem of themselves, in any remarkable manner, to influence the duration of the complaint. In some, a small discharge will be easily removed in one, two, or three days; in others it will, independently of our every exertion, remain for several weeks: In cases, too, where the dis-

charge happens to be excessively plentiful, we find the same uncertainty attend its removal.

*In Women.*

GONORRHŒA in women, is rarely attended with symptoms of such violence as the same disease in men. This circumstance can only be accounted for from the simpler construction of their generative parts. Indeed, so mild is this disease in females, that they are often affected by it without being conscious of it.

It has, therefore, been generally observed, that women affected with this disease, suffer not from pain so much as men generally do. This, however, must be in some measure attributed to its more frequently affecting the vagina than the urethra. Indeed, I believe, in almost every case of gonorrhœa among women, the vagina alone is affected. Even then, however, this disease, by neglect, or other causes, creates much distress by the inflammation which it occasions in the nymphæ, clitoris, &c.; from this ~~case~~<sup>cause</sup> alone, the patient is often unable either to sit or walk. This we find, that although the symptoms of a gonorrhœa in women are mild, yet we also find, in some cases, that an inflammation along the <sup>v</sup>agina, swelling of the labia, nymphæ, clitoris, carunculæ myrtiformes, with excoriations about the perinæum, and meatus urinarius, are not uncommon. This aggravated state of the complaint, is of course attended with pain, itching, scalding of urine, excessive discharge, uneasiness in sitting and walking; and the enlarged labia, from the inflammatory action accompanying this state, makes it protrude considerably.

Sometimes the inflammatory symptoms are not even confined to these parts, as we find them, although not very frequently, extend over the lower part of the abdomen, so as even to cause consider-



able pain from the slightest friction or pressure. When the inflammation has continued long and violently, the glands within the labia often became enlarged, and even although the gonorrhœa be removed, they never return to their original size, and not unfrequently they even suppurate.

### *Consequences.*

It is by no means an uncommon occurrence for a patient, under certain circumstances, to have a return of all his gonorrhœal symptoms, even at the distance of two or three weeks after the discharge had entirely disappeared. Any thing taken internally that may irritate the body in general, will reproduce it, particularly ardent spirits, however much diluted; medicines of any other kind that may irritate the parts in particular; much walking, running, fatigue of any kind, and above all, riding much on horseback.

When this disease has been nearly removed, it usually at that period abates, even in its virulence; and that so remarkably, that a person, frequently in the habit of having connection with such a woman, will not receive infection, while one, less accustomed to cohabit with her, will almost to a certainty be affected.

When the violent inflammatory action has subsided, there often remains ardor urinæ, felt in a particular part of the urethra; and the discharge, after having been acrid, yellow, green, tinged with red, or even mixed with blood, at last assumes the thick, opaque, white, bland qualities of pus from a healthy granulating sore.

At this time, the severity of the antiphlogistic treatment must be relaxed, and generally mild injections alone will most speedily complete the cure, or the constitution even unassisted will return to health.

I have found, that scrofulous habits, on the first

attack of the gonorrhœa, are remarkable for the duration of the inflammation, and the quantity of the matter discharged. This inflammation and discharge soon yield to sedative means ; but the discharge is renewed with uncommon facility, and such persons are very obnoxious to gleet.

In such cases, the most active internal and external applications are requisite for the cure.

We shall not be surprised that such active means are required, when we consider the general disorder that is prevalent in scrofula in the solids, both muscular and bony ; nor do I see any reason to exempt the fluids from the general depravity.

## OF LUES VENEREA.

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### *Definition, General Observations, &c.*

LUES Venerea, or Syphilis, is a disease principally of the absorbent system, but soon affecting all the vital functions, and generally arising from impure connection.

It has generally been understood, that this disease may be introduced into the system in two ways ; either in the natural and most common way, through the medium of the absorbent vessels, or by transplanting a tooth of one venereally affected into a sound person. In the first, it is necessary that the virus should pass through the absorbent vessels into the blood ; in the latter, the absorbent vessels are less necessary to the virus, being applied to the blood. In the former, the disease is generally slow in its progress, but in the latter it is rapid and violent.

The infecting matter of lues venerea, cannot act through the medium of the air, but through the medium of a fluid. Besides, it cannot be communicated, but by immediate contact of a sound with a diseased person ; and although, for the most evident reasons, it commonly appears on the genitals, particularly on the delicate surface of the glans penis, &c. the same virus is capable of occasioning morbid appearances on any other organ of the body.

Woman is as much exposed as man to venereal infection ; but, from the different structure of the



parts, the symptoms are in her scarcely ever attended by such violent effects. This has, in some measure, been attributed to the simplicity of structure of the female organs of generation ; but I am of opinion, that this arises more commonly from the the natural flow of fluids to these parts, in the female washing off the infecting matter.

It may be received as a general rule, that all persons are liable to be infected with this disease ; yet some are much more so than others. Indeed, this peculiarity often appears very conspicuous ; for while one will be, at every period of his life, infected by one single act of indiscretion, others become hoary in its repetition, without ever experiencing a single symptom of the disease.

The poison is conveyed into the system by the lymphatic vessels, or the absorbents of the skin. It is in consequence of their dispersion over the whole body, that the virus may be absorbed on any part to which it is applied, and by means of their infinite connections that it may be diffused over the system.

On whatever part, however, this poison is applied, it is absorbed more or less quickly, according to the structure of the part, and the peculiarity of the constitution, health, &c. of the person exposed to its effects. It has, for instance, been observed, that if, from the same connection, there should be virus lodged upon any of the parts beneath the prepuce, and upon the skin of the external parts of the penis, and if the virus act effectually on both these parts, there will be a distance of many days between their appearance ; the virus lodged beneath the prepuce acting before that upon the external skin.

The venereal poison, I believe, never acts according to its quantity, but to its specific quality. Like every other infectious quality causing disease, it undoubtedly possesses greater virulence at one time

than another, and even in certain intervals may be almost quiescent, though not entirely injured, in its power of propagating disease. There can be no doubt, that the same circumstances attend every disease, either of a generally contagious nature, or such as the small pox, the venereal disease, &c. where the poison is more immediately and directly applied.

Soon after producing chancres, or small ulcers on the skin, the infection received in the common way, irritating and inflaming the inguinal glands in its passage through them to the system, produces a bubo in the groin.

The immense labour some authors have displayed, in minutely tracing the different periods, from the time the infection was caught, to the exact moment when the venereal disease made its appearance, in the many hundred forms which it is said sometimes to assume, is more curious than useful. Some of the more general remarks may be put to some use; but to attempt to establish a general doctrine, upon a multitude of anomalous and uncertain occurrences, would be at once unprofitable and unsatisfactory.

Although it be from external appearances, such as chancre, bubo, or other affections of different parts of the body, that we are usually guided in our opinions respecting the existence of this disease, yet the system is sometimes affected by it, independently of either of these symptoms. In this state we will frequently find, that the glands of the groin are more or less enlarged. By this single mark, when we have no other leading symptom, we may in general ascertain, whether or not the patient be really affected with lues venerea; yet we sometimes find, that the venereal virus will pass into the system, even without producing either chancres, enlargement of these glands, or any other external sign of disease. But afterwards, blotches on the skin, ul-

cers on the tonsils, &c. will convince us of its actual existence in the system. But I am fully of opinion, that from chancre, the disease is more likely to be communicated to a sound person, than from any other symptom ; still, however, even from other symptoms, well authenticated instances of infection are on record.

It would, in many cases, be a great difficulty strictly to define the venereal disease from appearances. It assumes so many different symptoms, and appears under so many forms, that it seems rather every disease, than a disease. On this account there is perhaps no disease incident to the human body in which experience and observation are more necessary to enable us to form a proper idea of it. In this state of difficulty, we must content ourselves by enumerating its most general symptoms, and from them forming our opinion. It is not the symptoms in one, or even in several individuals, that must regulate us in this respect ; for in almost every different individual, and even in the same individual at different times, we will find the symptoms vary in a considerable degree. On this account, it is necessary that we should form our opinion upon the broad basis of extensive observation, otherwise we may be very apt to be led astray. I do not therefore pretend to assert, that I shall relate all the anomalous symptoms which may occasionally occur in this disease, and perhaps scarcely in the order of succession in which they may appear in many individuals ; but I shall certainly endeavour to take notice of the most important of those which most commonly occur in practice.

The recent symptoms, then, of lues venerea, are chancre, with or without bubo, and either or both of these, with or without phymosis or paraphymosis. The disease may, as just mentioned, be, but seldom is, introduced into the system without one or other of these appearances. When this happens, or



when the infection, although the above symptoms may have existed, and have been hastily healed, still remains in the system, it may often continue for years without exhibiting one symptom of its being present. But if it be thus imperfectly cured, we may expect that, at some future period, no doubt greatly influenced by various circumstances, it will in some form or other make its appearance. Most commonly, it first affects the fauces with inflammation, which speedily proceeds to ulceration, or appears in the form of eruptions or blotches of various kinds on different parts of the body. On other occasions, though less commonly, sensations somewhat similar to rheumatism affect different parts of the body, which at length settle in one or in a greater number of parts of the bones. These are the most common secondary symptoms. Still, however, many others occur in practice, and are to be found described by writers on the venereal disease. But these I shall decline enumerating, as I wish principally to confine myself to the more common occurrences; and when other symptoms appear, which, as I formerly stated, are not common, they may, together with their treatment, be found enumerated in some books, where they are described, and dwelt upon with such intolerable minuteness, as if they were daily occurrences.

The order, then, in which the venereal symptoms enumerated above, generally appear after the virus has been applied to the genitals, and before they have been in any way unchecked by mercury, are, first, in the form of chancre, next bubo, then eruptions or ulcers on the skin, ulcers in the throat, and affections of the bones. The first two symptoms are not so apt to vary in the order of their appearance as the four last mentioned, which, with the affection of the bones, which are almost always last, or at least in them the pains are last felt, we find

extremely different in different subjects, both in regard to time and severity.

However circumscribed the first appearance of lues venerea may be, it will, unless arrested in its progress, gradually proceed to affect other parts of the body, and at length completely contaminate the whole living system, and finally terminate existence, having previously reduced the whole body to a complete mass of ulceration, and almost of putridity.

Perhaps there is no form or appearance, which human nature is capable of assuming, which renders it a more horrible spectacle, than the accumulated evils of a confirmed pox. We sometimes have the misfortune to see the most manly and elegant form by this means reduced to a complete mass of deformity. It is not uncommon to find the eyes tender, one or both ~~both~~ squinting and considerably protruded from its sockets; the nose flat, and the nostrils discharging stinking matter in considerable profusion; the gums consumed, the teeth rotten, the sockets exfoliating, and the breath horribly foetid and disgusting; the neck stiff, the joints either large and decrepid, or absolutely rigid, and totally unfit for their common offices; ulcers of the very worst kind are on various parts of the body; a ghastly and haggard appearance, and a mind, less or more, a complete and irrecoverable wreck.

### *Of Chancres.*

THE first morbid appearance, in general, after having had connection with one infected with lues venerea, is chancre. The most common situation of this affection is under the frenum, the next behind the glans, the next to that, is the inside of the

prepuce; and the rarest situations of it, are on the external parts of the penis, and on the parts adjoining to it.

The glans or the prepuce, then, possessing the most delicate surface; may be reckoned the usual seat of the disease, and in those whose prepuce entirely covers the glans; it is more apt to appear, than when this does not take place; as in Jews, Mahommedans, and others. Bubo, in every respect venereal, sometimes precedes chancre, and even sometimes exists entirely without it; but this is by no means a common occurrence. Under these circumstances, there may exist some difficulty in really ascertaining, whether or not the swelled gland has been caused by venereal infection; but when chancres precede its appearance, there can be little or no difficulty in forming a proper opinion respecting its real nature.

All the more aggravated symptoms of this disease, owe their existence to neglect or mismanagement, when it first appeared in a mild form. When we consider this important fact, when we reflect upon the ease with which all the affections, at least ninety nine in the hundred of them, may be completely removed by common attention, when they appear in the simple form of chancre, we ought either to regret, that the patient did not allow himself to be properly advised, at that important period, or blush at our own want of knowledge in allowing *such* a disease ever to gain ground upon us.

A chancre begins in the form of a small, hot, red, itching point or pimple. By degrees it increases, grows whiter, and, on the head of it being rubbed off, there is exhibited a small aperture, discharging for the most part a quantity of thin ichor. Sometimes they are few and distinct; at other times, they are numerous and confluent. Although this is the common form and appearance of chancre, we in practice meet with them of a more malignant



kind, of an irregular figure, having a black, livid coloured cavity, and hard callous edges, and spreading deeply and widely. I have, in some, even seen them so rapid in their progress, as to destroy a great part of the glans penis, before the system could possibly be affected by mercury.

I conceive it to be perhaps one of the very nicest points connected with our profession, to ascertain the distinction between what is, and what is not, a venereal sore. But men, in the habit of seeing many of these diseases, (unless their time has been so much taken up, as not to admit of the possibility of thought,) acquire from observation and experience a tolerably accurate knowledge of these points, but still, even they have been frequently deceived.

In giving advice, therefore, to the young and inexperienced physician, how he may be able, by any particular mark, to know chancre, we are much at a loss. Owing to this circumstance, I have no hesitation in saying, that many belonging to the medical profession, who have had but few opportunities of examining the real nature of such complaints, may have given mercury for an excoriation and, on other occasions, may have burned a real chancre with caustic substances till it actually healed, and left the disease in the system. This practice has too often been the prelude to those dreadful ravages which we too often observe in those who have been affected, and improperly cured. I believe, however, in general, that a chancre may be known by the round pitted appearance which it assumes, as if it had been struck out by some instrument, and that thickening of the parts, which is always felt after its first appearance, while almost every excoriation or sore of a similar description, in these parts, has a rugged and uneven appearance.

It certainly is a most important point in practice, to ascertain, whether the appearance of chancres is

the first sign of the venereal virus having become active, and having just communicated the disease to the person in whom it appears; or if their appearance is a consequence of their having already tainted the system, and, as in small pox, only appearing externally as a sign of the disease having pervaded the general system. I have no hesitation in at once giving a preference to the latter opinion, although I believe the first to be the most fashionable of the present day.

I have every reason to think, that venereal matter, merely applied to any surface, may, immediately after its application, be washed off or burned out by the adoption of active measures; but when it is taken up by vessels, the exact situation of which we cannot trace, and when it has laid seemingly in an inactive state, almost always several days, often for weeks, and then breaks out in the form of chancre, I think to consider it then as a local disease, is downright madness. *It is a local disease*

I do not agree with those who think that a malignant chancre, must have been caused by a similar degree of malignity in the chancres of the person who infected. The difference is obviously attributable to the peculiarity of the constitution, to the prevailing state of health at the time of infection, and to habits of irregularity and intemperance. It is thus, that we have the disease milder or malignant. Were greater <sup>at</sup>tention paid to these circumstances, in these as well as other diseases, our reasonings respecting them would be much more accurate than they usually are.

Chancres in women are most frequently to be met with on the parts about the ~~external~~<sup>in</sup> orifice of the vagina; sometimes, however, as in men, they appear on the external parts, and then the perineum is their usual seat. They also, as in men, are larger, and form scabs when they appear externally,

but when otherwise situated, they are constantly moist, affording a plentiful discharge.

Chancres in women are much less easily detected than in men. Women are liable to frequent excoriations of these parts, quite independently of venereal infection, and unless buboes accompany the chancres, they often deceive themselves for weeks or even months, and at length, even without taking internal remedies for their removal, ~~the~~ washes of various kinds entirely remove them, and leave the disease in the system. It is particularly owing to this, that we often see prostitutes most dreadfully affected with secondary symptoms, who even then, in numerous instances, cannot be convinced that they ever had been affected with the local appearances of such complaints.

### *Of Phymosis and Paraphymosis.*

PHYMOSIS is caused by a soft œdematous swelling of the duplicature of the prepuce; or it may arise from inflammatory, or from spasmodic action of the same part. In consequence of this, the prepuce is so thickened, that it cannot be drawn back, but projects considerably before the glans, and often prevents this part of the penis from even being seen.

Paraphymosis arises from similar causes; being, when the prepuce is short, more apt to recur than phymosis. The prepuce thus slips behind the glans, and the pressure it makes increases the swelling, and consequently increases the disease. Paraphymosis, however, is almost always caused by a spasmodic contraction alone, as we seldom, indeed scarcely ever, find the parts preternaturally enlarged during the existence of this disease. The glans penis is indeed sometimes considerably inflamed



and enlarged, but this, in the generality of cases, is entirely owing to the pressure behind forming paraphymosis. A return of the prepuce over the glans becomes at length impracticable. Thus a phymosis and paraphymosis is the same complaint, in different situations.

In some habits, particularly those of a lax or scrofulous nature, when affected with lues venerea, sometimes early, at other times latter in the disease, I have observed the prepuce become greatly distended with a fluid, probably serum, and thus form a sort of anasarcaous tumor; the glans could not be uncaped, and a phymosis was thus formed. It is remarkable, that this state of the parts, if allowed to take its own course, very frequently assumes the consistence of cartilage. In this state, I have frequently removed it, without causing even the slightest pain to the patient.

### *Of Bubo.*

ALTHOUGH the first appearance of lues venerea, is almost commonly in the form of chancre, yet, even without such, I have frequently observed the first symptom that gave alarm, to be buboes in the groin; and although not so frequent, inflammation and ulceration of the tonsils, or eruptions of the skin, or pain and swelling of the bones, in various parts of the body, have appeared before any other symptom.

That which constitutes bubo, is an inflammation of one or more of those glands, situated nearest the part to which the venereal virus was applied. They appear in the axilla, when the virus is applied to an abraded surface on the hand; in the neck, when it is applied about the mouth in the act of kissing; but they are most commonly found in the groins, because the virus is most commonly applied to the genitals.

They have always been supposed to owe their origin, to the absorption of matter from chancre, or even from a formerly ulcerated bubo; and that they sometimes arise from this cause, is very possible; but it is evident, I should imagine, that, from the frequency of their occurrence after the application of caustic, or irritating substances of any kind, they often also alone exist in consequence of irritation being produced from the use of these substances. They also appear when, even from the minutest examination, no first infection can be found in any part of the penis. In this state, bubo constitutes the first symptom, but, as arising from chancre, it can only be considered as a secondary symptom. A bubo, therefore, shows us, that the virus has proceeded so far from the point where it originally entered the system.

In bubo, from the absence of every other symptom, we are sometimes obliged to judge of it being of a venereal nature, from the patient having recently had connection of a suspicious nature; and from the bubo proceeding to suppuration. It is, at all events, the safest conclusion we can draw.

That such things as sympathetic buboes exist, quite independently of any venereal cause, is certain; when suppuration occurs in the inguinal glands, while the venereal virus is actually in the system, we, I think, act properly in considering them as strictly connected with, and in almost every case similar to, the disease itself. A belief of every inguinal suppuration, (which is by no means an uncommon mode of arguing,) being strictly of a sympathetic kind, when its origin cannot be traced precisely to the effect of the venereal virus, quite independently of all other external or internal circumstances, has, I am sure, been productive of much mischief; certainly of at least as much as the too common custom of the day, of considering venereal

eruption as not at all, or at most but slightly, connected with that disease.

Young people are more apt to be affected with buboes, than old, in consequence of the activity of the lymphatic system. When, in old age, the skin shrinks, and becomes loose, these glands seem to have done their office, and become inert.

In the commencement of bubo, the groin feels at first stiff, and this state is soon succeeded by pain; swelling in general of only one gland, takes place, and for several days is apparently confined to that gland alone. It, however, soon diffuses itself, and often occupies considerable extent. The pain then is greatly aggravated, and, in some instances, there is added to the pain a sort of burning, and very disagreeable sensation; the parts assume a dark red, or rather purple appearance, and, in a greater or shorter time, matter is formed in it, and it bursts externally. So far as my experience entitles me to judge, buboes in scrofulous habits, suppurate more slowly, than when no such affection can be traced in the patient.

Were the venereal virus weakened by being thus diffused, the greater extent of surface that it occupied, and the longer it remained in the system, the easier would its removal be. But this we know is not the case, so that the virus evidently possesses the power of self-propagation, and in this state of progress has enlarged its sphere of action.

A gland once enlarged does not, often for life, return to its former healthy size; and, therefore, although the state of the inguinal glands often point out constitutional affections, yet our prognosis must not wholly rest on them; we must have other causes to assist our suspicions.

Although a swelled testicle is most commonly an affection attending on gonorrhœa, yet, in some instances, it is to be met with during the existence of lues venerea. In the latter, it is never so acute,



as in the former ; as the surrounding parts seldom, if ever, inflame, and the affected testicle can be handled, without occasioning any considerable pain. Besides, it possesses a smooth surface, nor is it attended with stinging pains, which distinguish it from scirrhus of these glands.

### *Of Eruptions and Ulcers.*

THE venereal eruption is seldom elevated above the skin. In some instances, it is much diffused, in irregular masses, and changes a great part of the skin to a tawny hue ; but its most common seat will be found to be about the breast and shoulders. It often appears and disappears spontaneously, leaving marks behind it. This eruption, too, will sometimes assume a yellowish, or red appearance, of small distinct spots ; at other times they will be very broad, and much inclined to spread. Ulcerations sometimes appear on the head among the hair, and prove very troublesome ; these are most commonly found on the forehead, and are known by the name of *corona veneris*. The palms of the hands, and soles of the feet, break out in clefts, which, yielding a disagreeable discharge, prove extremely troublesome. The corners of the mouth, and alæ of the nose, too, are by no means an uncommon seat of this affection.

These venereal sores, then, may arise either from venereal virus being recently applied to the body, or they may appear at a future period ; the venereal infection, in the interim, not producing symptoms marked conspicuously enough to excite any degree of alarm. In the former, they most commonly appear on or about the external parts of the generative organs ; in the other, they more commonly appear on other parts of the body.

In the natural attempts then of the system to expel all noxious and hurtful diseases, the venereal virus, after remaining various lengths of time in the habit, is thrown out upon the external parts. In this state, if not entirely removed, it often remains for months, or even years, without doing much farther mischief. If, however, it be not at all checked, it again proceeds to commit fresh ravages on the system, and that in a more extensive way than formerly. The internal parts and organs nearly connected with existence, are now apt to be affected, and many instances of death might be adduced, which had solely been caused, either by neglect or bad treatment in the earlier stages of the complaint.

After the virus has been absorbed into the habit, and all the sores, as first signs of the disease, have healed, the time of the appearance of constitutional symptoms is extremely indefinite. In short, we must judge, not so much by the time the disease has existed in the system, as by the appearances that present themselves.

When this disease, then, in its usual early forms, has not been properly cured, we find, that at various periods of time, from a few weeks to the lapse of many years, secondary symptoms are the usual consequences. In some instances, the eruptions are purely cuticular, at other times, they appear in large blotches, seemingly deeper seated, and in others in the form of deep ill-conditioned ulcers.

We find, too, that while the venereal disease remains lodged in the system, even although it produce no local symptom, the general health, especially previous to its appearance in the form of eruptions, ulcers, &c., is almost always impaired. There is an unaccountable langour and depression of spirits, prostration of strength, restless nights, a degree of pain in the various bones, or rather a sort of tightness, as if they were bound with a cord. But at

this period, the pain of the bones is never so acute as in confirmed venereal affections principally affecting these parts. From the feeling of the patient, they seem rather to be lodged about their external surface than in the body of the bone. The sleep yields neither comfort nor refreshment, there is a disagreeable sensation felt all over the body, which is almost always accompanied by emaciation; and not uncommonly there is an indescribable alteration, of a very unpleasant nature, in the features of the face.

Venereal blotches, if not properly attended to, terminate in venereal ulcers, often of considerable depth, discharging ill-conditioned matter. These ulcers, however, often occur, although no blotch or eruption has preceded them, but merely by the parts becoming inflamed, bursting, and forming such sores, which are in most instances hollowed, and less or more filled with a spongy substance. Their discharge is thin and brown, and when they appear over any bone, which they usually affect at the same time, the discharge is very fœtid.

### *Of Sore Throat.*

THERE is often considerable difficulty in drawing, from the appearance of the sores, an exact line of distinction, between ulceration of the tonsils and fauces, from venereal and common inflammation. Venereal ulceration in the throat, has a white appearance, as if a piece of hog's lard had been placed on the surface, and is almost always much less inflamed than the other. Indeed, blotches or ulceration from this cause, on any other part of the body, are less so than inflammation from common causes; they are less painful, are more foul, and not easily cleaned by any kind of gargle we can use, and the voice of the patient is likewise greatly altered; all which symptoms are not so common in the usual



cases of inflammation of these parts. Much, however, must be known by the history of the complaint, previous to our administering mercury.

This form of the disease, when it has continued for some time, acquires a burning disagreeable sensation, which is even more unpleasant than pain itself. It not unfrequently affects different parts of the mouth ; proceeds to the fauces, and then to the nose, and whatever part of this organ may be affected, there generally appears upon it a brown scab or crust, or the sores are very foul, and have thick edges. When the discharge becomes thin, brown, and fœtid, then we have reason to suspect that the contiguous bones are affected. Parts of these, such as the bones of the palate, are sometimes wholly affected. The disease then proceeds to affect the triangular bones of the nose, and the spongy bones are often separated, and the power of breathing through the nose becomes imperfect. The nose swells, is inflamed internally, and the eyes in general constantly pour out a profusion of tears. A general wreck of the organ at length takes place ; the spongy bones come entirely away : the septum also falls off, and the cartilaginous parts becoming almost flat with the face, the voice is, in many instances, completely changed, if not almost entirely destroyed. Foul, ragged, and ugly ulcers appear on various parts of the cheeks, &c. the teeth drop out, and the breath is horribly fœtid, and the aspect altogether assumes a most horrible appearance.

As intimately connected with this subject, and the article immediately preceding, I may notice here the subject of diseases resembling venereal.

There is a doctrine now very prevalent, which I beg leave to deprecate here, as it leads to very bad consequences in practice.

It is founded on the fact, that all sores which resemble syphilis, are not syphilitic.

This fact was well known to Wiseman, who says, “ \* I would not have any man rash in judging all ulcers to be venereal, that do resemble them ; for I have seen nurses with chapped nipples, and serpiginous ulcers on the breast, and maids likewise in the same condition, who have been cured without any respect to the lues. I have seen also many infants broken out about the lips, face, head, and body ; with many suspicious pustulæ and ulcers, that were born of chaste parents.

Mr J. Hunter is of opinion, “ that there arise every day new diseases resembling syphilis.”

That syphilis, then, is exactly resembled by other diseases, is certain. On this subject, I am inclined to agree with Pearson, † who says, “ there is scarcely an appearance produced by lues venerea, which is peculiar and appropriate to that malady, and which has not occurred as a character of some other disease.

It is of great importance to know this, as a pathological truth, particularly where our opinion may interest the welfare of families ; but of late it has been urged to a very dangerous length, by Abernethy and others, who, I doubt not, allow people, at the risk of their lives, to labour under complaints that might be cured by mercury, from the idea that they are not venereal.

The mode of reasoning, (if reasoning it can be called,) employed by Abernethy, is conspicuously absurd. Although this gentleman allows, “ that in some constitutions, the venereal disease may assume unusual characters, and be very difficult of cure ;”—yet he says, if mercury remove the disease *too speedily* ! then the disease is not venereal !!! page 141 ‡. If mercury cure it slowly and permanently, then it is not venereal !!! p. 141.

\* Lib. VIII. Chap. I. Of Lues Venerea, p. 4.

† Pearson, on Lues Venerea. Introduction, p. 3.

‡ Essays, &c. See the Book.

If the disease recurs after the use of mercury, and has only been checked by it ; then it is not venereal !!!

If mercury aggravate the disease, then it is not venereal.

If the disease continues for months uncured without mercury, and be cured at last when mercury is exhibited ; then it is not venereal.

In page 143, he says, " in some later cases, when the disease has been long protracted, and the patient very anxious to get rid of it, I have given a little calomel for that purpose ; but not so as to invalidate the opinion, that the disease was not syphilitic. Having waited, for instance, four months from the occurrence of the sore throat, with eruptions ; and being certified, by the progress of the disorders, that they were not syphilitic, I have directed, that one of the compound calomel pills, should be taken every second or third night, which generally disposes the sores in the throat to heal ; but I have taken care to remit the use of this small quantity of mercury, if it seemed to heal the sores *too speedily !!!* \* *for it seems to me better to let the disease exhaust itself !!!* (AND THE PATIENT TOO !) than suddenly to cure it ; as, in the latter case, it is very likely to return," &c. This appears to me most extraordinary practice, and equally extraordinary reasoning. Is it allowable for a medical man to know what will cure his patient in a short time, and yet permit the disease to remain, that it may be ascertained whether it will disappear spontaneously ?

Have we a right to conclude, because a small quantity of mercury, in the form of calomel, speedily and unexpectedly removes the affection, that the affection, therefore, is not venereal ?

\* Let this be compared with the next extract, and it will be seen that the gentleman is only talking at random. We must conclude, that he practises similarly.



Are we again to revive the barbarous doctrine, of allowing *diseases to exhaust themselves* ! ! ! ; or to intermit the proper remedies, *least the return of health should injure the patient* ! ! ! ? I think the author, in the next edition of his pamphlet, should advise a fresh infection, that the disease may riot in the system with renovated violence, and have a fairer opportunity of *exhausting itself* ! ! ! This, according to Mr Abernethy's principle, would be leaving nothing undone, but would completely finish the business, and I am convinced would place the patient beyond the reach of further infection.

Let us compare Mr Abernethy with himself, in page 157.—“ It follows, as a general rule of conduct, in practice, that surgeons are not to confide in their powers of discrimination ; but, in all cases of ulcers arising from impure intercourse, to act as if the sore was venereal ; to give sufficient mercury, slightly to affect the constitution ; to guard against the consequences of absorption ; and, by local and general means, to cure, *as quickly as possible* \*, the local disease, and thus remove the source of contamination, and the necessity of the continuance of medicine ; this is, I believe, the general rule of practice, adopted by the best surgeons ; and it appears to me, in the present state of our knowledge of these diseases, to be judicious.” Yet just before,

\* Let this be compared with the preceding quotation. The public have rarely been troubled with such instances of glaring inconsistency, actual contradiction, and defective reasoning. I declare ; that, understanding Mr Abernethy to have acquired some reputation in London, I, on reading this paper, exhibiting his reasoning and practice in venereal affections, first imagined, that some other person, with the intention of ruining him, had borrowed his name ; afterwards I conjectured, that he himself meant to satyrize this particular branch of the profession ; and my astonishment was indescribable when I found, not only that he was serious, but that I was blamed for pointing out his errors, by reviews, &c. on the sole ground, that Mr Abernethy was a very modest good sort of a man, and withal, high in the profession in London.

Mr Abernethy declares it is not adopted by him.

The second ~~second~~ section of Mr Abernethy's paper appears to me, with few exceptions, either unintelligible, or quite absurd.

Mr Blair, too, has a singular mode of reasoning. Those cases that resisted mercury, and were afterwards cured by acids, &c. were not venereal: Why? because the mercury did not cure them; and those cases that were cured by the acids alone, were not venereal: Why? because they were cured without the aid of mercury!!! On these principles, it is impossible for us ever to discover that any other substance than mercury can remove syphilis. An odd arrangement of nature!!!\*

Gentlemen might indulge in their reveries unnoticed, if their influence were not detrimental; but when these reveries are erected into practical maxims, destructive in their tendency, they cannot be too speedily nor too pointedly exposed.

I have known many bad effects of the influence of these premature maxims.

A gentleman (who had doubtless been under such treatment as the above), applied to me on account of a very slight excoriation on the inside of the prepuce, which he would not admit of being venereal, and he removed it, by external mild applications, in a few days. About a fortnight after, he consulted me again on account of his wife, who was now affected with many chancres and large buboes in each groin. She was cured by mercury, and he also was at length convinced of the propriety of submitting to the same treatment.

A friend of mine related to me another interesting instance of the same kind.

A young gentleman had an excoriation, about

\* I most sincerely hope, that, for the sake of humanity, and the honour of the profession, this is not the general mode of reasoning and practising in London.

the size of a sixpence, on the dorsum penis. As the gentleman confessed his having exposed himself to infection, my friend advised him to use mercury internally ; but an eminent practitioner pronounced it not to be dependent on pox ; consequently it was healed as a common excoriation. The gentleman was now under the necessity of going to the West Indies ; and in six months after he had left Scotland, without any new infection, he was severely attacked by secondary symptoms, pain in the bones, ulcers in the throat, &c. and was at last cured by a very tedious and distressing course of mercury, which, with the disease, nearly destroyed him. Yet even here, the gentleman had not reached the felicity of allowing the disease *to exhaust itself* !

### *Of Nodes.*

PAINS in different parts of the body, from a venereal cause, are, unless we are very attentive, extremely apt to be mistaken for those of another kind. In some, there is a degree of stiffness or tension of the parts ; and, when they affect the great joints, such as the knees, there is, on moving them, a sort of crackling sensation distinctly felt, but this is unattended by pain. In others, the pains are darting, and in others, still a throbbing sensation is felt. Thus, in affecting some parts, they are thought to be rheumatic, if about the joints, they are thought to be gouty, and in the loins, lumbago, &c.

These pains first occur in the periosteum and tendons, and arise from their diseased action. The disease, still continuing to make progress, arrives at a state of the greatest acuteness. Thus, the ligaments and tendons often suffer from venereal causes, as if the parts were proceeding to suppuration ; and there is at the same time produced on them a



a tumour hard at first, but afterwards becoming soft and containing a sort of glairy mucus. The parts are exquisitely tender, particularly to the touch, and in time, the tumor breaks, and spreads into a foul and spreading ulcer. This affection, from its situation, is often mistaken for gout, and obstinately treated as such.

It appears, that nodes and caries of the bones, are the latest symptoms of the disease. Yet it is extremely probable, that, from the beginning of the primary constitutional symptoms, it continues, though perhaps not visibly, to act on every part alike.

Ultimately in the bones, the pains become more fixed, increased in severity, and more constant, especially while the patient is in bed.

When a cylindrical bone is affected in this way, that disease often occupies its whole extent, terminating only at each epiphysis of the bone. The diseased part, is exquisitely tender to the touch, the periosteum is thickened, and the part most violently affected becomes slightly œdematous. It at length inflames and ulcerates, and the bone is not uncommonly found in a diseased state. If it be not actually carious, one or more distinct nodes may be found on it.

Although nodes on the bones, then, sometimes cause ulceration of the affected parts, and in such instances, the bone is found to be in a greater or less degree carious; yet this is not a common termination of nodes, for, in general, with ordinary attention, they are entirely discussed. I have met with them most frequently among the young and the thoughtless, who too often, till their constitution be completely destroyed, act in every respect as if they were not composed of those frail materials, which, even under the most careful management, are soon reduced to a wreck.

The bones at the extremities also, where they are less compact, become enlarged by degrees. Yet the pain there is not so intense as in the harder bones, but it is not uncommon for an anchylosis to be the consequence of such enlargement.

The symptoms and appearances, which I have mentioned, as arising from lues venerea, are scarcely ever to be met with in the same patient at once ; yet, from peculiarity of constitution, treatment, &c. he is subject less or more to them, even from the very slightest to the most horrid mass of putrefaction and deformity which this disease is capable of assuming.

It may be mentioned here, that we have sometimes opportunities, in practice, of meeting with patients, who, without a single external appearance, or other symptom, are decidedly certain that they are affected with lues venerea. I have known this delusion withstand even four courses of mercury, and the patient continue in perpetual misery, in the dread of losing his nose, or becoming otherwise maimed or disfigured, in consequence of this supposed state of his body. No reasoning has any effect with such persons, and their physician is deemed skilful or otherwise, just in proportion to the belief he expresses in their assertions.

### *Of late Symptoms.*

VARIOUS symptoms of lues venerea occur for the most part late in the disease, such as blindness, when one or more of the humours of the eye become diseased ; and deafness, when the eustachian tube is partly obliterated, and sometimes when the bones of the internal ear become diseased and separate ; the skin, too, of the palms of the hands and soles of the feet often break, producing painful and very troublesome sores ; but the most distressing of all,

is a sort of hectic fever, which wastes the body of *the* patient, and from which many have died.

The eyes, in advanced venereal affections, are often ravaged by the disease: The eye-lids become thickened, itching, and even ulcerous; the eye discharges a thin acrid fluid; the cornea becomes opaque; even the humors are vitiated, and vision is consequently destroyed.

The ears too become affected with a hissing noise. All the internal parts suffer violent pain, the small bones become carious, a foetid discharge proceeds from them, and an aching pain and a dullness of hearing precedes a total deafness.

Falling off of the hair does not seem a symptom peculiar to lues venerea, although it is sometimes an attendant on that disease. From various circumstances, however, we may be enabled to judge of the connection of this symptom with lues; but we must be careful, if the patient has been under a long course of mercury, as from that alone, this symptom may be adduced.



*Deinde*

PART IV.  
*Revised*  
TREATMENT.

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*Introductory Remarks.*

WHILE there are no diseases of such frequent occurrence, or such high importance, as those either actually existing in the generative organs, or affecting the general system in consequence of their long continued derangement, there are certainly none, in which our plans of treatment ought to be regulated with greater judgment, to suit the various changes which occasionally occur in our progress toward a cure.

In some of these diseases, and especially in those which are primary, for instance, such as gonorrhœa, lues venerea, &c., there has too long existed a neglect of scientific discrimination, and an undistinguishing routine of practice. This practice has its antiquity alone to recommend it; but, in consequence of this recommendation, weak as it certainly is, innovations, however scientific and beneficial, are ever timidly and slowly received.

With respect to the treatment of chronic affections of the generative system, they have, for the most part, been openly acknowledged to be difficult of removal, and the majority of the most respectable writers on the subject, have even asserted the utter impossibility of removing some of them. Indeed, the avowed want of all success, except perhaps of the most temporary kind, which has uniformly attended the treatment of these chronic diseases, is a proof, which no unsupported assertion

can overturn, that neither their nature nor treatment have been at all understood.

These affections, when nearly connected with the immediate parts, are those beyond which medical men have neither extended their investigations, nor advanced any useful practical doctrines. But these, however important, (for important they are in their nature, limited even in this degree,) can never be compared to the dreadful ravages which, unless prevented in both sexes, are at length invariably produced on the general system. In short, if any thing can stimulate us to vigorous exertion, it is the recollection of the effect of our failure in the removal of these diseases. In them the whole catalogue of human miseries often seem concentrated in the haggard and emaciated fabric of one miserable individual; and that which renders his situation lamentable beyond description, is the reiterated failure of those assurances of amelioration, which, at every change of prescription, he was confidently assured would yield him relief.

But when we consider the reasoning, (if reasoning it may be called,) which seemed to indicate the propriety of the practice employed, we shall not be astonished at these failures being even more frequent than we are made acquainted with, or than at first sight they appear to be. The mistake principally takes place in the following way: When the body, from the continuance of such diseases, becomes affected with extreme debility, and when the mind also partakes of the general decay, the disease is falsely denominated *hypochondriasis*, or a violent *nervous affection*, or something else, which may permit some extremely difficult or utterly unintelligible definition, and the escape of the practitioner from farther enquiry. For these, consequently, alleviation may be procured, but scarcely any mode of permanent relief.

Thus a long list of pretendedly incurable diseases has been invented; words have been substituted

instead of facts; and the world is daily deceived by a repetition of similar mistakes.

During this absence of discrimination and of rational treatment, the worst consequences arise from the insidious nature of these diseases. Although, perhaps, for many years, the general health of such patients is but now and then violently affected, and although such a state does not for some time threaten immediate dissolution, yet such affections are sure to increase in violence, and entail more and more irremediable mischief upon the system. Under these circumstances, when the most uniformly and speedily successful treatment ought to be employed, and either firmly persevered in, or altered according to its evident effects in the restoration of the patient's health, packet after packet of various medicines are alternately poured into the stomach, and accident, not scientific reasoning, is alone entitled to our acknowledgments, when such proceedings do *fortunately* no very material harm.

Very early in practice, I acquired a dislike to those immense multitudes of different drugs, often possessing different, or even opposite qualities, which, at one time, were generally crowded into all prescriptions, and which are even in the present day too often recurred to. To remedy this, I have sacrificed much, and am still willing, if necessary, to sacrifice more.

With regard then to the cure of gleet, &c. in the male, and that of leucorrhœa, and a numerous list of the most important and distressing complaints of the female, (which have usually been deemed irremediable,) when my friends first persuaded me to make public the result of my experience in the treatment of them, I thought that little more would be necessary, than a relation of the cases that had fallen under my observation; but on considering the subject more fully, I was convinced that this



plan would be by far too limited. The complaints themselves not being previously sufficiently understood, nor distinguished from others somewhat of a similar nature, with any degree of precision and accuracy, the indiscriminate use of the cantharides, for instance, might and certainly had been fraught with mischief; and, on many occasions, even in complaints of the same nature with those in which its use was indicated, other remedies might have been used with more propriety. Neither the principle of the operation of that medicine, nor the circumstances of constitution in which they should be had recourse to, or prohibited; nor the combinations of disease, which would frustrate our design in the administration of them, or which might entirely contra-indicate their use, and in which consequently their operation might be hurtful,—seemed to be understood. Besides, there prevailed prejudices and fears against them, which it was necessary to confute, overcome, and remove.

I found, also, that my own views with regard to this medicine became daily more extensive; that its powers, in exciting the action of the living body, in extent, efficacy, and utility, far exceeded any thing that either I or any other human being could have expected, since by it we can maintain and regulate that action which is indispensibly necessary for the accomplishment of the salutary purpose of their administration. Besides, the range of bodily infirmities and affections, in which they evinced those generally stimulating properties, were not only very numerous, but such as other means were generally employed to cure without success. The previous paleness and debility, with want of ability for exertion, and the soft flabbiness of the muscular parts, which previously existed, gradually disappear after they have been used for sometime, and the patient becomes stout, and, in general, of a healthy appearance.

With regard to all the diseases, then, which I have detailed, and which I shall point out as remediable by that medicine, innumerable circumstances show them to be purely those of debility. In a majority of cases, we can trace their existence to a previous overaction of the whole sanguiferous system, which is acknowledged by every one to be productive of debilitating effects. But more commonly they are such as depend on a similar overaction of this function in some particular series of organs; most commonly of those of the generative system. In the latter case, it is, after the continuance of the disease, and during a considerable length of time, by no means an uncommon occurrence, for the general system to become remarkably affected with various forms of disease, all of which, varied as they may appear, can only be permanently removed by restoring the tone of the parts, the loss of which first occasioned them. The powers of digestion fail, and occasional vomiting is by no means uncommon, and the bowels are in general constipated. The sight, too, and hearing, and memory, are, especially in severe cases, very considerably impaired; so much so, indeed, that I have known some patients totally unable to follow any occupation, or indulge in any amusement, where the exercise of either of these faculties was absolutely requisite.

Some, I may remark, think, that it is a great argument against any substance employed as a medicine, when it is affirmed to be useful in very many complaints; and for the most part indeed it is so, because empirics openly declare their particular nostrums to be good for all complaints, however opposite their nature. But it is a very different case, when the same substance is found useful in complaints which, though differing in name, from certain local circumstances, or in the parts principally affected, are really of the same nature. This becomes a strong argument in its favour.

It is, I may mention, a melancholy, but well established fact in our profession, that the violence of opposition, which any improvement, either in surgery or medicine, meets with, is too often, at least for a considerable length of time, exactly in proportion to its importance in the removal of disease. While, with the greatest facility, any mysterious agent which can be proposed for the recovery of health, is, without the least scruple or even attention to their too often fatal consequences, admitted into universal use; that which, to a demonstration, can be proved of the greatest benefit to the human race, is, when used, employed with fear and trembling, and seldom before at least a century or two elapse, so universally, or to such extent, as alone can insure all the utility of which it is capable.

In that part of my practice, in particular where the cantharides requires to be employed, it were unreasonable in me, therefore, not to expect the most determined opposition. I am well aware that party spirit is exerted exactly in proportion to the effect of any newly proposed remedy in cure of disease; and the proposer, together with the remedy, without giving either the opinions of the one, or the powers of the other, a fair trial, are often nearly overpowered by that concentrated mass of stupidity and influence, through which the light of science can never penetrate. Their contracted views are calculated solely for the comfort and happiness of themselves, not, except in mere form, for the alleviation of that mass of human misery which, while it perpetually surrounds us, calls aloud for our interference and relief.

Since my publication on the internal use of cantharides appeared, I have, independently of these circumstances, had numerous opportunities, not only of confirming the doctrines there advanced, but of extending my views on that subject to a much greater extent than I at that time ever expected. My



experience, on that subject, is now not only general, but, on the principles I then hastily delivered, uniformly successful; and the numerous favourable communications, which I am daily in the habit of receiving, from every part of the country, convince me, that in a much shorter time than important improvements in the practical part of our art, commonly meet with public sanction, this practice will, when under proper regulations, at once become still more general, and more extensively successful.

I know that objections, from want of success, have been started to the treatment of several diseases by the cantharides. Such objections I was prepared to hear, whenever I should make known the success of my practice with that substance.

To those, however, who without prejudice, or a wish to condemn, give the cantharides a fair trial, in such complaints as, from what I shall state, may indicate its use; and who really have been unsuccessful, I have only to observe, that I can easily account for the failure of many medical practitioners in the treatment of diseases by this substance. It was not, till after many years experience, and the closest attention I could bestow to its operation, that I became decidedly successful in the removal of complaints with that medicine, and even then failed in the removal of some cases, which, with still greater experience in the use of it, I have since completely effected. It will undoubtedly be with those practitioners, as it was with myself; but, by cautiously persevering in its use, and carefully watching its operation, they will be sensible of its importance.

With regard to the cure of venereal, as well, indeed, as other complaints of the generative system of both sexes, no extent of reading, even the best books on these subjects, can, unless by accident, or in the very mildest form of them, enable us to do justice to our patient. Thus taught, the greatest success we can expect, is by some lucky accidental application;

while the chances of error are innumerable. It is alone to experience, and scientific discrimination, that we are to trust for either safety or success in their entire removal. These diseases, in their various stages, assume different forms, each of which requires a plan of treatment peculiar to itself. Although many of these changes may be described in books with tolerable accuracy, others can be best understood by the actual observation of one who is in the daily habit of suiting his practice to these changes, as they occur, and not regulating his proceedings entirely by stubborn rules, or by the book he has been last reading.

Yet no other diseases, to which the human frame is liable, are treated more by stubborn, general, and hackneyed rules, than those of the generative system; and, excepting in their very mildest form, none seem to require nicer discrimination, attention, and alterations, in the plans of treatment, suited to the difference of constitution, and of the numerous appearances these diseases frequently assume. This generalizing plan, or total neglect, sometimes on the part of the patient, sometimes on the part of the physician, and not unfrequently on the part of both, or even injudicious treatment, which must solely be owing to the medical attendant, has often reduced a once healthy and robust constitution to the greatest possible degree of lingering misery.

I have always been of opinion, that much, even of reasoning and philosophizing, has been ingeniously employed by authors, respecting many points relating to these diseases, from which it is impossible, for either themselves or others, to draw one doctrine usefully practical. These reveries, I would call many of them, consequently become extremely embarrassing and perplexing to the student or the young practitioner, and can be of no service to him of greater experience. It would render the subject at once more simple and more extensively

beneficial, were such authors to recollect, that speculations are only useful in proportion as they can be more or less advantageously applied in unravelling mystery, or in curing disease; and that, in proportion as they deviate from this, they become either useless or hurtful in their application.

Authors, too, in these speculations, often begin their researches, and make experiments rather for the purpose of forcing these researches and experiments to yield to some preconceived notion, than to be guided and instructed by their result. Thus, determined to prove a point, they at length work themselves into an actual belief of its correctness, and no future remonstrance, reason or experience, will ever convince them of the reverse; not that they conceive themselves entertaining a wrong opinion, and propagating perhaps hurtful doctrines, but that they have, by habit, brought themselves into a most religious belief of its correctness, and even of the extensive utility that must result from its application.

In the works of many authors on this subject, I am sorry to find these observations too applicable, and that vague and illusory theory, rather than observation, has too often been the sole source from which they have derived their practical knowledge. Those who have attended to the various changes and appearances which take place, in perhaps every case of these complaints, being aware of the impossibility of laying down general rules applicable to all cases, must often have been astonished, as well as mortified, to find descriptions of their various stages, method of cure, &c. worked up with all the precision of a rule in arithmetic, or a mathematical problem. That there are a few general rules in their treatment, I admit; but, from them, without attentive observation, particular rules can never be deduced; and the authors, as well as practitioners, who are in the habit of writing about, or attempting to cure such complaints on other principles,



may assure themselves, that their success will bear no proportion to their disappointments.

It would be well that such speculative practitioners would, in preference to their present plans, adopt the sound and solid practical reasoning of some of their ancestors. Although they had many faults, yet these in general consisted rather in a want of real knowledge, than in attempts to twist obvious facts to suit a particular theory; but *they* had no wish to appear conspicuous, except in their successful treatment of disease. I say it were well that we would again return to that simple path; then, considering the many facts which we, from alterations in the state of society, possess beyond what was known in former times, we might render the mode of cure of such complaints, not, as is too often the case, a jargon of inconsistent nonsense, but a system of well digested and well arranged doctrines, demonstratively successful in their application.

While some, I may remark, are affected with venereal complaints, for instance, more frequently, as well as more severely, than others, where no visible cause seems to exist giving rise to such peculiarity; we find also, that some are more liable to be affected with one form of the disease than with another. I may even observe, that I have known many gentlemen, who, although frequently exposed to the chances of such diseases, have escaped for many years without the slightest infection of any kind; while others have scarcely ever committed a single act of indiscretion without suffering severely. In the cure of these affections, too, a certain degree of peculiarity exists in perhaps almost every one; but in some so conspicuously, that the very nicest management is necessary, both in selecting and employing such remedies as will most certainly remove the infection. I know, that inattention to

these points has often caused much unnecessary distress.

There are also peculiarities of constitution, in which, though no visible cause can be assigned for it, there is the very greatest difficulty in curing such complaints, even independently of the most unremitting attention. I have known various instances of this kind. In such persons, if affected with gonorrhœa, gleet was almost an inevitable consequence; if with lues venerea, buboes were almost an invariable and immediate consequence, which no degree of attention seemed capable of preventing from proceeding to suppuration. In such habits, too, I think I have remarked, that secondary symptoms were much oftener to be met with, than in those in whom these complaints were removeable in the common easy way.

I have in other places, had occasion to remark, that in scrofulous habits, in particular, diseases of *every* description seem more difficult of cure, than in those in whom none of the symptoms of that disease can be traced. In the venereal disease, in whatever form it may present itself, the correctness of this remark must have appeared to all who are extensively employed in this line of business; and it must often, as with myself, have baffled all their exertions, at least for weeks or even months. Moreover, were many venereal complaints not greatly altered in their severity, by the particular state of the constitution at the time, their cure would even in all habits, be much easier than it is, and would thereby render the application of general and invariable rules for their removal less objectionable; but this, all practical physicians, who attend to their profession, know is not the case. Although, therefore, general rules are most commonly applied, and sometimes with success, they ought only to be used under the observation of one who can, if necessary, vary the treatment, as circumstances may require.

In the cure of these complaints, I have, as formerly stated, no purpose to effect by adhering to any particular hypothesis or theory. I endeavour to rely on observation, experience, and reason; and, where these individually, or in combination, point out any doctrine which may, in a practical point of view, lead to a more successful mode of treating them, than I had hitherto been in the habit of employing, I never hesitate to lay aside that which greater and more extensive opportunities of observation and practice, either by myself or others, may convince me has been defective. I have always been of opinion, therefore, that it is chiefly a blind reliance on, and a determined adherence to, early acquired habits and opinions, that has tended greatly to retard the improvement of every department of the medical profession.

In proportion, then, as we become acquainted with the real nature of diseases in general, and consequently advance in our knowledge respecting the most judicious and best methods of curing them, we soon perceive the necessity of often applying our remedies more to the existing circumstances of the different stages of the complaint, than by adopting any general rule of practice. Treating the disease throughout, for a certain number of days, upon one formal principle, and a certain number on another, which, although perhaps useful at one period of the disease, may be not only inefficacious, but even hurtful at another, must at once appear improper. Yet the same mechanical plan as just noticed is too generally persevered in, from the very first appearance of the symptoms, till they entirely either accidentally disappear, or, as in gonorrhæa, till they terminate in gleet or in lues venerea, in the most alarming state of confirmed pox.

By adopting, however, a greater share of scientific discrimination, we not only free our patient from



much unnecessary suffering, but we are also enabled to reflect on our own propriety of practice, and on the right discharge of our duty, with some degree of comfort, which, otherwise influenced, we have no claim to.

What merit can a medical man claim to himself, when, on stalking up to his patient, and finding him affected with chancre or with gonorrhœa, for instance, he at once, in the most general way, prescribes mercury, or injections; and that without putting himself to the least trouble on the occasion, to know the particular circumstances respecting the patient's general health, mode of living, &c. or even the state of the existing symptoms; according to which examination alone every rational physician will conduct himself: Every one, although possessed of no knowledge of medicine, knows that injections often remove gonorrhœa, and mercury chancres; the use therefore of a medical man, is not to assure them of these facts, but to point out the time, and under what circumstances they may or they may not be used.

## CHAP. I.

## TREATMENT OF DISEASED URINARY ORGANS.

*Of Suppression, Retention, and Incontinence of  
Urine.*

WHILE the secreting vessels in the kidneys continue their healthy action, these organs, in conformity with all other operations of the animal fabric, perform their proper and healthy functions. But when, from malconformation, external injury, or occasional disease, these functions are less or more deranged, the secretion of urine become partially, if not completely altered, and sometimes ceases entirely.

When these occurrences arise from malconformation preventing the secretion of urine, the cure is not to be expected either from internal medicines or surgical operations. When also the disease exists in consequence of external injury, causing a partial or a complete derangement in the functions of the kidneys, or perhaps extensive ulceration of these organs, our chances of cure must greatly depend on the extent of such derangement. Our first object, under these circumstances, is to remove the exciting cause, and our other means of relief must be indicated by the existing circumstances of the case, when this has been affected.

As suppression, retention, and incontinence of urine, may all arise from, or exist, either in consequence of an inflammatory state of the system, or in the directly contrary state,—that of debility, our

first object, previous to our employment of any other mode of treatment, ought to be, to ascertain to which of these states the system inclines, and how far these diseases depend upon them. These points may, in general, be easily ascertained, by due attention paid to the appearance of the general habit, as well as to the state of the pulse, &c. This being established, the plan of cure, so far as the disease depends on one or other of these states, is at once pointed out.

In retention of urine from inflammation of the neck of the bladder, general blood-letting, if other circumstances do not forbid such practice, is probably the best means of relieving it; but if the patient be weakly, leeches may be used, and when the symptoms have abated, a blister applied over the pubes will greatly assist in completing the cure.

The warm bath, or gently sudorific medicines, will serve as our next order of remedies, with opiate glysters, frequently repeated. And on the patient falling asleep, I have frequently found, that he discharged urine freely. I should therefore recommend the free use of opiates, to procure at least, 6 or 8 hours sleep in the 24, and its constipating effects may be removed, by mild cathartic medicines. The different states of the weather has a very great effect in rendering this complaint mild or severe. Patients, therefore, thus affected, ought to have the temperature of their chambers rather warm than otherwise, and as little subject to change as possible. If these means prove ineffectual, an artificial opening must be made into the bladder for the evacuation of the urine. The puncture ought either to be made above the pubes, or through the rectum. I would prefer performing the operation in the last of these as, should the patient be corpulent, we have sometimes to cut a great depth before we can reach the bladder.

When retention, however, arises from an imperious obstruction in the urethra, and if the bladder



is too much distended to admit of delay, we must at once make an opening in the manner just stated, and discharge it. After this, we must instantly remove the obstructing cause. Perhaps, in this instance, from the necessity of dispatch, the instant removal of it by incision is preferable to any other method. A bougie being introduced into the urethra as far up as the stricture, we should make a small incision along the course of the urethra, and then, by cutting even upon the point of the bougie, make an opening for it; after having secured the opening along the urethra, we must adopt such measures as will most readily heal the external incision.

The very mildest cathartics may occasionally be given, but none that will irritate the bladder, which is the case with a great variety of drastic purgatives.

In slight debility of the fibres of the bladder, causing retention of urine, we, for the most part, may give considerable relief, after the catheter has been introduced into the bladder, by applying pressure or friction with the hand, or with a common flesh brush, so as to excite and occasion contraction of that viscus; for without its contraction no urine will flow. At other times, however, the debility of that organ is so great, as to require, in combination with the above, which is but of temporary benefit, much more active means in order to obtain lasting relief.

In such a state of disease, nothing tends so much to remove the torpidity of the bladder, as the judicious employment of tonic remedies, with, in almost every case, the application of a blister over the sacrum; and the remedy which I have found most useful, is the tincture of cantharides, in doses sufficiently great to affect the urinary passages. This state of action in the parts must be kept up for a length of time proportioned to the extent and se-

verity of the disease ; the removal of which may be known by the bladder resuming its natural functions, even after we have found it proper to give over the use of every kind of medicine.

When the catheter, which in almost every case ought to be a large size, is to be introduced, the patient ought to be laid on his back, with his thighs gently opened, and his legs hanging over the side of the bed. The penis is grasped in the left hand of the operator, who rests on his right knee by the left side of the patient. The instrument is to be well oiled, and introduced with the concave side toward the abdomen. If there be no morbid obstructions in the urethra, it always passes freely forward till it arrives at the membranous portion of that canal, when, as the urethra here takes a slight turn, which often obstructs the catheter, it should be slightly withdrawn, the handle of it somewhat depressed, and then another attempt to push it forward generally succeeds. It is next apt to be obstructed by the prostate gland ; but the same motion as above directed being made, the instrument slips into the bladder.

When the spasmodic action of the parts exist, the directions to be given under the head of spasmodic stricture, must be applied here.

Unless in this disease, the most active means are immediately used, sloughing of the parts with extravasation of urine, and even mortification ; will very rapidly ensue. Bleeding, blistering, and the free use of mild saline, purgatives. must therefore instantly be had recourse to, with the most rigid abstinence from every kind of exercise, stimulating or inflammatory liquors, or medicines.

When these violent states of action of the system exist, which, if not removed by other means, require the bladder to be punctured, we ought to be very brief in our proceedings, as the worst conse-

quences may ensue from the delay even of an hour. If, therefore, on the appearance of this state, our remedies, which must be vigorously administered; do not effect our purpose as soon as their action should affect the general system, we ought instantly to have recourse to puncturing the bladder.

In performing this operation above the pubes, a perpendicular incision is to be made through the integuments of the abdomen, at least two inches in length, immediately above the pubes. The part of the bladder, uncovered by the peritoneum, will then appear, into which a curved trocar is to be introduced, and when the stilet is withdrawn, the urine will flow.

In performing this operation by the rectum, we must, in order to avoid wounding the vesiculæ seminales, introduce the finger its whole length into that canal; a trocar having previously been laid on the forepart of the finger. The puncture must be made into the anterior part of the intestine, which is easily done, the parts being in general so thin, that even fluctuation of urine may be felt before introducing the trocar into the bladder. But, if we are not well acquainted with the structure of the parts, both in a state of health and disease, their natural situation may be greatly altered, and consequently may deceive us. This may occur from tumors, thickening of the parts, or from diseased prostate gland. Previous, therefore, to our performing this operation, we ought particularly to ascertain the exact state of the parts.

When the bladder has burst, remedies are ineffectual. Even a rupture of the inner membrane, is perhaps beyond the power of surgery or medicine, but its effects are not at least so immediately dangerous as the other. The states of that organ, which may be remedied by art, are those degrees of distension which it suffers, rendering it unfit to per-



form its healthy functions. If retention arises from this state, the urine must be drawn off by a catheter or hollow bougie; and if the difficulty to introduce the bougie be greater than usual, we may allow the hollow bougie to remain in the bladder.

When, from incontinence of urine, we have ascertained the nature of the disease, the state itself indicates the nature of the remedies which will remove it. If it arise from one or more of the parts immediately connected with the disease, having assumed a new action, such as complaint of the prostate gland, obstructions in the urethra, stone in the bladder, or other affections of the general system, our attention must first be directed to the removal of them. If, however, it be alone caused by debility of the bladder, &c., stimulating medicines used internally, and applied externally, as cold bathing, stimulating liniments, blistering the loins; the internal use of bark, tincture of cantharides, &c., will generally effect a cure.

Respecting paralysis of the urethra, or rather of the sphincter vesicæ, Mr Hunter observes, in page 166 of his book on venereal complaints, that "a man came into St George's Hospital with this complaint. I ordered him the before mentioned medicine, (cantharides) and it had such an effect as to bring on the contrary disease, or a spasmodic affection of the urethra, so that he could not make water when he had an inclination; but an injection of opium removed the complaint, and he was then well."

When incontinence of urine exists in consequence of irreparable injury done to the parts in performing surgical operations, such as lithotomy, &c., we must learn to accommodate our patient to his inconvenient situation. In surgical books, we shall find delineations of such instruments as are useful on these occasions, and these must too frequently be used during life.

## CHAP. II.

## TREATMENT OF MALE ORGANS.

*Of Seminal Emission.*

IT is absolutely necessary to a scientific treatment of every complaint, first to ascertain its causes, its effects on the parts immediately concerned, and also those which it produces on the general system. The difficulty of being able to ascertain these, is sometimes great; but it is possible to do so, in perhaps every instance, and then their removal becomes comparatively an easy task. In seminal emission, this has been much overlooked, and consequently its cure has been deemed impossible. But if we had considered the great debility induced on the parts, by the overaction which frequently was artificially induced before the complaint was constituted, and then the consequent debility of the whole system which ensued, we only require to know what remedy will restore them to their healthy action. The cantharides, in a very extensive range of practice, have never with me failed in the removal even of the worst cases; and I, therefore, with the utmost confidence, recommend it to the attention of others.

If this complaint arises, which in almost every case it does, from excess of venery, or from self pollution, the first and most important advice the patient can receive, is to refrain from these habits.

For, while these are perserved in, no method of cure can be effectual.

In other respects, the medical practitioner's advice must, no doubt, be dictated by the state of his patient. No disease, however, has been, ~~more~~ understood, or worse treated in general, than this.

Medical men, influenced in their conduct by the notion, that the venereal appetite arises from a vigorous, and, as it were, an inflammatory state of the system, and that, whatever excites or promotes its activity, aggravates these desires, enjoin abstinence from animal food, from ardent spirits, from every thing, in short, which they suppose can heat the body, or excite the circulating powers.

This reasoning is certainly just, when applied to individuals in the flower of health, and vigour of youth; but it is very erroneous when applied to those whose bodies are exhausted, enfeebled, ill-nourished. It is here a disease of habit and depraved mind, not excited by repletion and superabundant vigour. Here the almost exhausted powers are to be invigorated, debility to be obviated, the body to be nourished, the mind to be rendered cheerful. Are these objects to be accomplished by abstinence from every thing which contains the principles of activity, or of supply for the animal machine?

It was impossible that such a practice could ever be successful; and hence it is, that the triumph of empiricism over regular practice has never been so great as in this complaint; because the empirical medicines contain active substances, which patients find useful to them when the other means have failed, or are even hurtful.

I venture to affirm, that the means which are most beneficial in such cases, are nourishing diet, moderate use of wine, animal jellies, certain kinds of bodily exercise, increased according to the return of the patient's strength: opium, musk, assafoetida, camphor,



occasionally, to procure sleep, alleviate spasmodic symptoms, and calm the apprehensions of the mind, together with such means as shall be best suited to keep the bowels regular, and restore soundness to the organs of urine and generation.

Repeated erection in the night, and copious discharge of semen, in consequence of dreams, though the individual is not addicted to any blameable practices, is not an uncommon disease; and to this form of complaint, the reasoning which was erroneous, and led to hurtful practices in the former, will apply with propriety.

Spare diet, cold bathing, frequent ablution of the parts in cold water, sleeping in a cool chamber with few bed cloaths, and not too soft a bed, some business that will arrest the attention, &c., are here to be advised.

From a long continuance of that state of the parts which causes seminal emission, the internal lining of the urethra becomes so completely diseased as to be prevented its ever again resuming its healthy actions. While in this state, it must act as a foreign substance applied to the parts, and greatly increase the disease. I have always observed that, in this state of the parts, such cases of seminal emission as have come under my observation, have been longer of being removed, than under any other circumstances. Months have often elapsed and, independently of the very greatest attention on my part, these symptoms have not in the least degree relaxed, but, on a quantity seemingly of membranous substance being voided along with the urine, the severity of the symptoms gradually abated, and the parts completely recovered.

The severity of a complaint is but a relative, and at best a vague term; hence authors, having nothing to compare their meaning by, when they employed such a phrase, were very apt to consider it severe or otherwise, according only to their particu-

lar success, not according to the extent of the complaint itself. Thus we have seminal emissions, said to be of the very worst kind, cured by medicines extremely trifling and inefficacious. It is scarcely possible that the relaters of such cases could state what did not really happen, but the indefinite manner of considering such complaints must have led to the mistake.

In seminal emission or impotence, then, the most erroneous practice has always been followed, because, as formerly stated, medical men really did not seem to understand the nature of the disease, and their practical doctrines were consequently fraught with the grossest error. They found it necessary to say something on the subject, and, as in almost all other guessed works, they stumbled on error: yet, strange to tell, they gave detailed cases of their success, with as great a degree of gravity as if they had actually been successful.

The common, and indeed all remedies then recommended even by the the most respectable writers, from their thus evidently having entertained the most erroneous notions respecting the nature of the disease, were at least ineffectual. Mr Hunter's sole dependence was from the effect of opium, bark, valerian, musk, camphor, and the cold, and sometimes warm bath, individually used as he deemed it proper. In the very slightest cases, these substances might probably prove of some service, but, in more severe affections of this sort, they might be used in any quantity, and for any length of time, till they destroyed the digestive organs, but they never could relieve the disease.

On account of the disordered state of the digestive organs which almost always accompanies this disease, it is necessary that the food and drink of the patient should be such as to contain much nourishment in small volume, and such as are easily digested. Salted or high seasoned food do not come

under this description, and are therefore, in an especial manner to be avoided. Indeed every sort of food, particularly animal food, must be avoided at supper, before going to bed.

While there are perhaps no complaints to which the human body is liable, which are, in certain states, so tedious of cure, it is a fortunate circumstance, that the principal medicine by which such diseases are removed, can, under proper regulations, be taken to any extent, or for any length of time, and even then with the most beneficial effects. No instance, indeed, of such complaints, uncombined with any other, has yet come under my observation, which has not, by patient perseverance, been completely and permanently removed. In this particular point, the cantharides differ from every other medicine with which I am acquainted. All other substances lose their effects by use, and, if we expect good effects to arise from them, must be increased in proportion to the time they are used, while they at the same time assist, in a greater or less degree, in injuring the constitution of the person who employs them. Cantharides, on the contrary, improve every faculty, both of body and mind, the longer we employ them, while, instead of increasing their doses, we are actually obliged to decrease them, and that often from the largest to the very smallest quantity that can be used.

As, from the alterations in the functions of the parts, under the use of the cantharides, from diseased to healthy action, the emissions may even be reproduced by the stimulating effect of that medicine, we have reason rather to be pleased than otherwise, at such an event arising from such a cause. I have several times in practice met with this circumstance, and have uniformly found, that then the opportunity of abandoning the medicine was at no great distance. When great irritation (for it is in this stage



only, that irritation is produced by the cantharides) occurs almost every time the medicine affects the urinary organs, and that probably accompanied by an emission, then we must begin rapidly to diminish the doses. After this, it is not always necessary to have recourse to the medicine again; but, if it should be so, the patient's own feelings of debility must convince us of the propriety of such a measure. At this period, if such steps should be necessary, that propensity to gloominess of mind, so commonly present in such complaints, and so apt to overpower the patient, is likely to return. This we ought, if possible, to prevent, as then it is only necessary to take the medicine one week, and to omit it the following one, during a few months, in order to insure him of the most perfect recovery. Even were it found necessary to use the medicine during the remainder of the patient's life, a circumstance which I never yet met with, it can produce no bad effects, and would certainly be much less troublesome than the presence of the complaint for the removal of which it was employed.

### CASE.

A GENTLEMAN, aged 40, stout; and of a dark complexion, several years ago contracted a gonorrhœa, which was removed by injections, containing acet. plumbi in solution. Soon after the removal of the discharge, he felt great debility of the parts of generation, and very seldom had any inclination to the fair sex. It was not till after two years and a half, that he began to recover his wonted vigour when he again had the misfortune to contract a gonorrhœa; this too was cured by injections, containing acet. plumbi. Immediately after the removal of the discharge, all the symptoms of his former weakness affected him, and he repeatedly

observed great quantities of scaly membranous substances floating in his urine, unaccompanied, however, by any gleet discharge.

When he informed me of the above circumstances, in addition to his other complaints he mentioned, that for two months previous he had frequently, while in bed, been affected with involuntary emissions of semen. After these occurrences, the stream of his urine was undiminished in size; and I now prescribed for him, tinct. cantharid.  $\frac{3}{4}$ ss, aq.  $\frac{1}{2}$  oz. fount.  $\mathfrak{z}$ vi, a table spoonful to be taken four times a-day.

Two days after, he observed a drop of blood at the external orifice of the urethra, but experienced no pain or uneasiness from taking the medicine, and in two days more, the membranous substances formerly mentioned were not so plentiful as at first. I therefore desired him to continue the cantharides.

For two months he persevered in the use of that medicine, in sufficient doses to produce slight difficulty in voiding urine. During this time, the seminal emissions gradually became less frequent, and the scaly substances, which he voided with his urine, changed from white to a yellowish colour, but did not diminish in quantity.

As I was obliged to be in London about two months after, I left instructions with my patient, on whose accuracy I could depend, to continue the tincture in doses similar to what he had been accustomed to, and to use the cold bath thrice a week.

On my return, about six weeks after, he informed me, that he had continued the cantharides regularly, till within the last ten days; and as he had, previously to that period, experienced the most beneficial changes in his health, I declined giving him more of it. The scaly substances had now completely disappeared, and for the last six weeks, he had only two seminal emissions. I, however,

desired him to continue sea-bathing while the weather was favourable.

In September 1809, he had experienced no return of his complaints, and his general health was much better than it had been from the commencement.

## CASE

ON the 12th of January, a gentleman aged 28, complained of great general debility, with acute pains in his loins, occasionally darting down his thighs. For fourteen years he had been subject to wet dreams, from improper practices, sometimes returning almost every night. He never had, however, any gleet~~y~~ discharge or venereal complaint; never having had a connection with any female. His attempts of this kind were attended with such *immediate embarrassments*, as might be expected, producing the usual despondency of mind.

These emissions usually occurred during the night, while he was in bed, and were followed by a disagreeable burning heat all over the body, with great anxiety and heaviness, but a complete inability to sleep during the remainder of the night. He, however, passed his urine in a full stream.

I ordered him to substitute for the soft bed, to which he had been accustomed, a hard matress, to use few bed cloathes, and to sleep in a well ventilated bed chamber. I likewise prescribed nourishing diet, with two or three glasses of wine after dinner, and tinct. cantharid. aq. font. of each ʒ. *ss*. Two tea-spoonfuls to be taken thrice a day in a glass of water.

On the 13th, he was affected with considerable pain and difficulty in voiding urine. I therefore ordered the cantharides to be taken in smaller doses.

On the 16th, he had taken the cantharides in



sufficient doses to keep up a slight degree of uneasiness in the urethra, but had nevertheless an emission last night while in bed. I ordered the cantharides still to be continued.

On the 20th, he had another emission. These, however, were less frequent than before the use of the cantharides.

On the 21st, he had another emission, after which, however, the burning heat, &c. over his body did not trouble him. The cantharides were therefore still continued.

On the 6th of February, he continued to take the cantharides in sufficient doses to keep the parts uneasy, and till the morning of this day, had no emission since the 22d ult., and even it was not attended by the disagreeable symptoms above described. The cantharides, therefore, were still continued.

On the 7th, he had another emission. And since he began to use the cantharides, he had observed, that it was not till two or three days after an emission, that the medicine again produced its usual effects on the urinary organs. The emissions, however, were now of rare occurrence, and he felt stronger and in better health than he had done for several years past. The pain in his back had greatly abated. I still ordered the cantharides to be continued.

On the 1st April, the emissions since last report, had occurred about once a week, and he thought they were now most frequent when he happened to take an over dose of the cantharides. I, however, desired him to use the cold bath twice a week, and to continue the cantharides.

On the 26th, the emission also continued once a week, but were unattended by the disagreeable sensations which formerly accompanied them. Although his general health was very considerably improved, he began now, from the length of time

which had elapsed since he expected relief from the cantharides, to be anxious about his complaints, and almost completely to despair of ever being cured of them. I ordered the cantharides still to be continued.

On the 8th of May, the emissions had, for ten days past, been more frequent than usual. I began to suspect that he occasionally recurred to the original cause of his disease, and hinted to him, that with such habits he could never expect to be completely cured. He was rather offended at my suspicions, and positively assured me, that in those suspicions I did not do him justice. I thought it right, however, to impress his mind very strongly on the occasion.

I did not see my patient till the first of June, when he again assured me that my suspicions were erroneous; that he was now much better, having had no return for a fortnight past. This agreeable change, however, I attributed to my remonstrance, and ordered the cantharides, &c. to be still continued.

This patient now went to sea bathing quarters, and I did not see him again for nearly three months, when he told me, that his complaints, during that period, had become worse; but he confessed, that he had used the cantharides, &c. rather irregularly for sometime past. I then represented to him the danger attending the long continuance of such complaints, which alarmed him much, and he promised to be very attentive in future; and, by the closest attention to the rules laid down to him, he informed me, about the beginning of November, that his former complaint had returned only about once a month. By the end of the year, he had completely recovered, and had even become remarkably stout.

## CASE

JANUARY 4th, a gentleman, aged 22, stout made, but considerably emaciated, was, about two years ago, (probably from the same cause as in the last case), suddenly affected with the same inconvenience, sometimes thrice in the course of one night, attended with an uncommon desire to venery. Since the commencement of these emissions, he had been affected with gonorrhœa, which was soon cured by the use of injections. This original complaint, however, did not seem in the least affected by the gonorrhœa, as it continued exactly in the same degree after that disease had left him.

Palpitation of the heart, and almost constant ringing in the ears, had of late troubled him very much. He suffered no pain; his mind, however, was in the greatest state of despondence, and his life was actually become a burden to him. He was at last distressed by the most dreadful dreams, which rendered him melancholy for several days after. They were principally respecting the death of some of his nearest relations; and although he was not at all superstitious, he could not prevent his mind being thus affected by them. What astonished him very much was, that he often dreamed, that he himself was about to expire in the arms of his relations: and once or twice he actually thought he had quitted this life. He gradually became very stupid, and unable to apply his mind to any employment, but was quite sensible of his being in that state, and for sometime past his feelings had become morbidly acute, which, if possible, augmented his affliction.

To these symptoms were added, about a year ago, general weakness, with most distressing pains in his back; and, for six months past, he had experienced sudden giddiness, and a sort of faintness,



during which, objects of various colours seemed to float in the air before him ; and this was immediately succeeded by perspiration all over his body.

He was, about the time I saw him, frequently affected with cold sweats over his body, coldness in his feet and hands, with a great degree of coldness in his generative organs. For the last three months he had, almost every night, been troubled with very painful erections, but without his former desire for venery, which often kept him awake the whole night. He was now affected with a slight tickling cough, with pains in his breast ; but his expectoration was not very copious, though of a blackish colour. Every attempt at connection had, for several months, been instantly attended with an emission, and he had uniformly observed, that if at any time the emission did not occur for a few days, that next time they appeared, the semen was greatly encreased in quantity to what it was on other occasions, and continued to be so for two or three days.

A celebrated surgeon, to whom he applied, had recommended strong doses of physic, and daily copulation, which he assured the patient, would lessen the emissions ! I prescribed tinct. canth.  $\mathfrak{z}\text{j}$ , aq. font.  $\mathfrak{z}\text{vii}$ , a table spoonful to be taken thrice a day, and the doses to be gradually encreased.

On the 5th, he experienced great pain in voiding urine, which continued to encrease in severity during the day. He therefore left off the medicine, and before night this symptom had abated.

On the 6th, I desired him to take the cantharides as recommended on the 4th.

On the 9th, he had no return of the pain, although he had now taken the cantharides in increased doses. Since he began the use of this medicine, he slept much better than formerly, and had almost constantly felt a strange sort of prickling

ling sensation all over his body. I have ordered the cantharides to be continued.

On the 14th, he had suffered very little pain from the last report, and ever since he had began the use of that medicine, he had no emissions. He, however, almost every night, felt as if the emission was just coming on, though it did not. I therefore ordered the cantharides still to be continued, with half a pint of wine per diem, and the liberal use of porter.

On the 16th he complained, that general debility had again recurred, but he had no return of the emissions. I therefore ordered the cantharides, &c. to be continued still.

On the 18th, he accounted for the above symptoms, from his having exposed himself to dampness for a considerable number of hours. The cantharides, &c. were still continued.

On the 23d, he had an emission while in bed, but that had not in the least distressed or even roused him from his sleep, as he did not know of it till morning. His general health was not much improved. The cantharides were still continued.

On the 1st, of February, he had no return of the emission, and from the changes that had taken place in his health, he was in very high spirits. He was now stout, and able to walk a number of miles without being fatigued, which formerly he could not do. The cantharides were still continued.

On the 6th he had, for two days, suffered very considerable pain from the cantharides, and during the previous night, while in bed, he had two emissions, which depressed his spirits considerably; and on the night of the 7th he had another.

On the 8th, when he informed me of the above occurrences, he likewise mentioned, that the giddiness and dimness of sight had returned; the pain

from the cantharides had however abated, and I therefore desired him to encrease the doses.

On the 15th, for several hours, the pain from the cantharides had been very severe, and during it he *had* an emission. He uniformly remarked, that he had had, in rapid succession, one or more emissions when the cantharides affected him severely. These emissions, however, were not now accompanied by these troublesome sensations which formerly attended them; and his appearance was much improved, having lately become much stouter than usual. Nor was he so apprehensive as formerly, and the general gloomy state of his mind was entirely removed. The cantharides were still continued.

On the 11th of March, he had, since last report, only one emission, which did not distress him in the slightest degree. He had now become very stout, and was, in every respect, in a state of good health. I however desired him to continue the cantharides in moderate doses, and to use the cold sea-bathing during the summer season.

In September 1809, he continued entirely free from his complaints.

## CASE

A GENTLEMAN, aged 20, apparently stout, was about 6 years ago, while at school, initiated in baneful practices. It was not till after three years continuance in these habits, that he felt the least inconvenience arising from them. Then, however, he was suddenly affected with frequent emissions while in bed; but as they proved only troublesome for the moment, he was not in the least degree intimidated by them, and for a year after, he continued his habits more frequently than ever. About two years ago, these involuntary emissions became more frequent, troubling him four and often six times every week. These were now followed by



cold shiverings, which lasted for an hour or two each time, with complete inability to sleep during the remainder of the night. He was now also affected with frequent cold perspiration all over his body, with coldness of his extremities, with shrinking of his generative organs, and great pain of his stomach; sometimes with a voracious appetite for food, but more frequently a disgust to all victuals for several days. On such occasions, if he swallowed any thing but liquids, the sensations he felt in his stomach were not actually painful, but indescribably irksome. From the difficulty, too, which he felt in being obliged to perform the act of respiration, almost entirely by his voluntary powers, he believed he should die suddenly while in bed. About that time, he felt an irregular swelling in one of his testicles; and he began, for the first time, to suspect the real cause of his complaint. To prevent his relations from becoming acquainted with it, he exerted his ingenuity to prevent them from applying for medical assistance. He at first thought, that, by abstaining from his former practices, which he now resolved to do, he should recover without being obliged to have recourse to any other expedient, but this would not do; for now, in addition to his other distresses, his bowels became obstinately costive, and he could procure no evacuation, without the assistance of cathartic medicines. These, with the cold bath, and the internal use of bark and wine, and occasionally mineral waters, were the only medicines he used, till he applied to me.

He assured me, that he had nothing to accuse himself of for about two years. His eyes, however, seemed dull, and he complained of partial blindness, particularly for an hour or two after he had an emission, which happened from four to six times every week. He had no gleet discharge, nor had

he ever in any form been affected with a venereal complaint. He complained of an almost constant dull pain in his back, and in his stomach, and an uneasy sensation in the left testicle, which he informed me had swelled considerably for two years. On examination, I found that this was a very considerable enlargement of the convolutions of the epididymis, and also of the spermatic chord; but as the pain from it was inconsiderable, it gave him no alarm. His bowels were still in a state of great torpidity, so that, without the exhibition of a cathartic, he was unable to procure an evacuation; and if he omitted the liberal use of bark and wine, his food, for several hours after taking it, produced the most uneasy sensations in his stomach; and, on such occasions, he had most excruciating pains in his head.

On the 20th of December, I prescribed for him tinct. cantharid.  $\mathfrak{z}$ ss, aq. font. vii,—a table-spoonful to be taken four times a day.

On the 23d I repeated the mixture, and with it the following powder, as, after every dose of the cantharides, pain and uneasiness about his stomach became very troublesome, *R.* carb. ferri,  $\mathfrak{z}$ i, zinzib. alb.  $\mathfrak{z}$ i, cort. per.  $\mathfrak{z}$ i m. A tea-spoonful to be taken thrice a day in a little water or wine.

Before a week had elapsed, he felt slight difficulty in voiding urine, but the pain in his stomach was not nearly so troublesome as before the exhibition of the powder. He remarked, that all tonics, particularly of the mineral kind, had uniformly agreed with his stomach, and he thought he had derived partial relief from the internal use of such mineral waters as are to be found in the neighbourhood of this city. Emissions, however, still continued as formerly. On account of the pain in his stomach, I desired him to take chamomile tea, instead of common tea, for breakfast, and animal jellies instead of animal food, for dinner; with occasionally a lax-

ative pill, composed of equal parts of extract of hyocianus and aloes. In this way he continued till the end of January, before he was sensible of any change in his complaints; and even then, there was only an abatement of those very distressing sensations, which invariably had followed the emissions, but no alteration in the frequency of their returns.

On the 1st of February, the pains in his stomach were, immediately after the use of the tincture, very troublesome. I therefore desired him to omit it entirely, and, in addition to the other articles of diet, to use nearly a pint of port wine per diem, and, instead of eating at the stated periods, to take a small quantity of animal jelly, or nourishing soups, every two hours; but never to take either of them in such quantity at once, as to satiate his appetite for food.

On the 25th, having suffered no pain in his stomach for about 16 or 17 days, he recommenced the use of the tincture in small doses, and his other articles of food. &c were continued as formerly, with the addition of the cold bath every morning. By the 12th of April, gradually augmenting the doses, he could take about three drachms per diem of the tincture, which did not occasion any pain in his stomach, but kept up a constant degree of irritation in the urinary organs. The emissions did not now occur oftener than once, sometimes twice a week; and no disagreeable sensation was felt after them when they did occur. His bowels became much more regular than formerly, and he only required one of the laxative pills every two or three days, instead of one every day.

On the 15th of May, he again felt severe pains in his stomach, immediately after taking a dose of the tincture, in consequence of which I desired him to diminish the doses; but the pain being still produced, he was ordered to discontinue the use of the tincture entirely. I remonstrated with him on



the impropriety and even danger of indulging in former practices, but he assured me that he did not ; as his anxiety to be relieved of his complaints was very great. I attempted twice or thrice to recommence the use of the tincture, but even the smallest doses produced pain in his stomach ; and he now observed, that almost immediately after taking a dose, he had an emission.

On the 1st of June, I therefore omitted the tincture, and gave him a saturated solution of phosphorus in æther \*, with directions to take two drops in a glass of water thrice a day. He once or twice added one drop to the dose more than he was desired to take ; but from the disagreeable sensations which he felt in his head, immediately after taking it, he did not in future feel much inclined to deviate from the the rules laid down to him, but, with the greatest care and attention, continued to increase the doses till the 20th, when he told me that the emissions were now not oftener than once a week. I desired him to continue the solution ; gradually increasing the dose.

In October following, this gentleman had enjoyed much better health than he had done for about three years past ; his appetite for food was more regular, and the state of his bowels more natural ; his sleep was undisturbed by frightful dreams, and the emissions occurred only once a week, and were unattended by the sensations formerly so distressing to him. I desired him to continue the medicine a few weeks longer.

On the 2d of June in the succeeding year, I was glad to be informed by my patient, that although the swelling in the spermatic chord still continued,

\* I have, for some years, been in the habit of prescribing this very active medicine in paralytic affections, and in certain diseases of debility, with very flattering promises of success. See the case near the end of this work.

yet his health was good, and he was capable of exercising all his functions, and seldom had an emission.

In September 1809, this patient continued in perfect health.

### CASE.

A GENTLEMAN, aged 23, when about 12 years of age, fell prematurely into bad habits. About six months after the commencement of these practices, he felt very disagreeable sensations about his generative organs. This was not an acute pain, but a sensation, as it were, of something trickling about his perineum and testicles. Soon after this, he experienced great pains shooting along the inside of the thighs, and from time to time, a sharp stinging pain darting along the penis. To these were added, incontinence of urine, which, as it was passing, and for a few minutes after, caused a burning sensation, with a sense of fullness about the glans penis. At this time, he had frequent cold shiverings, and great restlessness during the day, and inability to sleep during the night, in consequence of being troubled by the most frightful dreams, the recollection of which, even while he was awake, terrified him. In this situation he continued two years, when, in addition to the above complaints, he had frequent involuntary seminal emissions. An extensive ulcer, too, broke out on the penis, which was healed up in a few weeks by simple dressings. His urine at that time became very turbid and extremely foetid. The night discharges continued to increase in frequency, and about a year after their commencement, he was affected with severe pains in the back and stomach, which spread to the intestinal canal, and he became very costive. Laterly these sensations had affected every part of his body, rendering even the friction

of his wearing apparel painful to him. The great debility he now laboured under, was indescribable, and the semen actually run from him on using the slightest motion. He was advised to use sea bathing, (a very common advice with medical men, when complaints are likely to baffle them), but from this he derived no benefit; even while making the exertion necessary in swimming, seminal emissions distressed him, and this was immediately followed by cold shiverings and most distressing debility. The glans penis was swelled to an enormous size, and the preputium was pushed behind it. This continued several months when the swelling began gradually to abate, but the prepuce never returned to its natural situation. This was soon succeeded by a continual perspiration all round the sacrum, and the parts immediately in its neighbourhood; and soon afterwards, he experienced most excruciating pains in all the lumbar vertebræ, which were followed by an evident distortion of these bones. General emaciation, to a great degree, soon followed, and inflammation again affected the penis, but much more generally than on the former occasion. It however only continued a short time, when it disappeared spontaneously. An intolerably fœtid discharge, of a yellowish colour, now proceeded from the corona glandis, and he applied to a surgeon, who told him that his disease was venereal, and prescribed for him a course of mercury. From this he derived no advantage, although he continued to use it several weeks. He was then informed by his medical attendant, that his complaint was gravel, and was advised to use sea bathing for its removal. His penis and testicles now shrunk very considerably, and were drawn up so close to the abdomen, as scarcely either to be seen or felt. Soon afterwards, however, his testicles and scrotum swelled prodigiously, and ever since that time, the convolutions of the



epididymus have been enlarged, and distinctly felt through the scrotum.

For several years past, most of the above complaints have been stationary. By degrees, however, his mind partook of the general disorder; he became very timorous, and the least alarm threw him into great agitation. He became extremely weak, and quite incapable of following any occupation: and night sweats, with difficulty of breathing, horse-ness, and cough, prevented him from sleeping even when he became drowsy. Great depression of spirits, with languor, dimness of sight, tingling in the ears, and continual horror of mind, had, for several years past been gradually added to his other complaints, which, when I first saw him, had rendered his life a great burthen to him,

I prescribed for him twenty drops of the tincture of cantharides, to be taken in a glass of water, four times a day. He gradually increased the dose, and at the end of four weeks, he was taking half an ounce of the tincture daily, when it, for the first time, occasioned him considerable pain in passing water. Being three or four miles distant, I did not see him when this sensation was first produced, and continuing to take the medicine in the same quantity, the pain occasioned was of course very severe. For two or three days, about that time, he passed water involuntarily, and an almost constant profuse perspiration pervaded his whole skin. I desired him to give up the use of the medicine for a few days, to apply warm clothes to the lower part of his belly, and to take a smart purgative. In a few days these uneasy symptoms disappeared, and I desired him to recommence the tincture in very small doses.

With the usual cautions which I have elsewhere recommended, he continued to use the tincture, sometimes in larger, sometimes in smaller doses; and in less than three months from the time he be-

gan to use the medicine, he became much stronger, took his food better, and some of his numerous complaints had entirely disappeared. Even at this cold season of the year, (January,) I desired him to use the cold bath, which, in addition to the former prescriptions, he continued to do with the greatest advantage. I desired him likewise to take half a pint of wine every day, and to live on good nourishing diet. Under the properly regulated management of these prescriptions, he recovered from his complaints by slow degrees, and he was, in July following stout and active; and, but for that general gloom which his former state of body seems to have entailed on him, he has no complaint. I have desired him to decrease the doses of the cantharides by slow degrees, and to continue the cold sea-bathing for the remainder of the season.

In October 1809, although the spermatic chord of this patient still remained enlarged, and he had occasional emissions, yet even these were so rare as not to constitute disease.

## CASE

AN unmarried gentleman, aged 30, was addicted to private indiscretion at so very early a period, that from secretion of semen not subsequently taking place he could not procure an emission; but being ignorant of the bad consequence of such practices, he continued this habit to excess for a considerable length of time. The first bad effects of these practices, which he did not then attribute to that cause, was frequent giddiness, attended with a sensation as if the earth, as he expressed himself, was sinking under him. Still, however, he did not refrain from his bad habits, and of course these symptoms gained ground. To these symptoms were added others; he became perpetually apprehensive and

alarmed, he knew not for what, on the most trifling occasions; was almost constantly troubled with violent palpitation of his heart, with stinging or shooting pains across his chest, and on such occasions he experienced flushing of the face, and a most disagreeable heat all over his body, particularly in the palms of the hands, and soles of his feet. His testicles now hung lower than usual, particularly the left, and the spermatic chord was somewhat enlarged, and very painful. His mind now seemed to partake of the general disorder, he became awkward and stupid to a great degree; all his mental faculties suffered considerably, especially his memory, which, unless on very particular subjects, and these of the very simplest nature, almost entirely left him. He laboured under a continual apprehension, that at some period at no great distance, he would altogether lose his reason. What rendered his situation particularly distressing, was his being perfectly sensible of all his distresses, and of all his mental depravations as now related. He at length became greatly alarmed for his safety, and was in continual fear that he would expire suddenly when in bed. It was not till this period, which was his 22d year, that he resolved to lay aside all those bad practices which he now concluded must have given origin to his present state. Soon after this, he first had connection with a female, and this he repeated in moderation for a considerable length of time. He was now sensible of a great improvement in his health, the palpitation of his heart ceased, and he became somewhat cheerful in company; but still his mind was weak, unsettled, and so easily agitated, that it alone threw a damp on all the pleasures of life.

From his 22d till he arrived at his 26th year, he occasionally used cold bathing, which he thought yielded him momentary relief, but produced no permanent good effect on his health. He at length,



however, found that he had no inclination for sexual intercourse, nor were his powers in that way so vigorous as they had been for some time before. He now tried the effect of nourishing diet, and regularly used mineral waters for two seasons, which he thought of advantage to him.

About his 29th year he was greatly improved in his general health, his mind was at times cheerful, and even happy, more so than it had been from the age of 14 or 15. In short, in respect to his feelings, he was quite a new man.

One morning about this period while in bed, he experienced the most unconquerable desire for sexual connection, but not having it in his power to gratify his desires at the time, he had recourse, the first time for five or six years, to his old habit. He was immediately after seized with a degree of stupidity, and a kind of derangement, different and much more distressing than he had ever before felt; a profuse sweat, too, instantly covered his whole body, so as to render his linens quite wet. He declared he never was in such a state of complete misery, and he earnestly wished that every moment might terminate his existence. He suffered a sort of delirium, yet was sensible of his state: He leaped out of bed and bathed his face in cold water, but this only seemed to increase his sufferings; he put on his clothes and stalked about the house like a person in despair; he drank several glasses of wine, then ardent spirits, but they had no effect on him. After this he went back to bed, to endeavour to procure some sleep, and the spirits he had used assisting him, he slept about two hours. He was now somewhat refreshed, but still his mind was very much and strongly confused; he felt as if afraid of entirely losing his reasoning faculties; indeed he assured me that language could not convey his feelings at that time, and for nearly two years after, when he applied to me.

It is strange, that this patient scarcely had an emission oftener than once in eight, ten, and sometimes fourteen days; yet it is evident, that the effects produced on his general health, arose from the generative organs, caused by the same means which had, in all my patients, occasioned seminal emissions.

Previous to his application <sup>to</sup> me, he used bark and wine, and carbonate of iron, which considerably improved his digestive organs, and even his general health; but still he was stupid, and, as he expressed himself, strange even to himself.

As there seemed to be no symptom or affection of any organ to contraindicate the administration of the cantharides, I did not hesitate to prescribe that medicine to this patient, according to the method formerly adverted to. I at the same time recommended the use of the cold bath.

He took the medicine eight months and two weeks, before he experienced any thing more than temporary relief from it. He had frequently, for a day or two, experienced greater comfort than before its administration, but he uniformly relapsed into his old state. At the end, however, of the above period, he felt sensibly invigorated; his mind was more chearful, his testicles were not nearly so relaxed as formerly; and his penis, which had shrunk considerably under his abdomen, was greatly elongated. He, however, continued the use of the medicine about seven months more, and he is now perfectly recovered. His mind is still occasionally gloomy, but that is of short duration; and upon the whole, he enjoys his life with considerable comfort.

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I have only met with one case of seminal emission, where, from the deranged state of the parts,

occasioned by the disease, they could not be restored to their healthy action. The emissions entirely disappeared, at least did not return oftener than once in two months, and every symptom, such as the painful erections in the night, horror of mind, and general debility, also disappeared; but still there existed a disagreeable sensation in the parts of generation, for which no more than temporary alleviation could be obtained. The patient continued the use of the cantharides about eighteen months, and in every respect, except the above sensation, has now completely recovered his health. He has taken no cantharides for these five months, and still he continues stout and active, and in better general health than he has enjoyed for many years.

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### *Of Diseased Prostate.*

THERE are few, perhaps no well authenticated cases, of a cure having been effected in diseases of the prostate gland, where the cause is not venereal. Topical applications are here of no use. Almost the only relief, I believe, which we can expect, is by the occasional introduction of a bougie or catheter, to draw off the urine when it becomes troublesome.

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### *Of Gleet.*

I SHALL now proceed to point out and illustrate, a variety of peculiarities and circumstances respecting the cure of gleet, of which the safety of the patient requires that his medical attendant should be well aware.

Gleets have sometimes disappeared spontaneously; though, when neglected at first, they have more frequently baffled all the means that were employed to remove them.



Sometimes they have been unexpectedly removed by such means as induce an inflammatory action of the parts ; as irritating substances thrown into ~~the~~ urethra, a bruise, a fresh gonorrhœa, the supervision of chancre.

“ \* I knew a gentleman,” says Mr Hunter, “ who threw into the urethra, for a gleet of two years standing, Goulard’s extract of lead, undiluted, which produced a most violent inflammation ; but when this inflammation went off, the gleet was cured.”

My brother communicated to me the following instance of gleet cured by a bruise.

“ I knew a dragoon officer in Villiers’ regiment, who was cured of a gleet of eighteen months duration, by an injury done to the penis. He was thrown out of his seat when hunting, and his penis was so severely squeezed between the pommel of his saddle and his pubes, that a violent hemorrhagy ensued ; this was succeeded by a very considerable degree of inflammation, pain, and the secretion of puriform matter ; and when the inflammation subsided, he found that he had got rid of the gleet.

That gleet is often removed by a fresh gonorrhœa, is familiar to every one.

“ I have seen a chancre,” says Mr Hunter,” page 220, “ coming upon the glans, absolutely cure both a gleet, and an irritation all along the passage of the urethra. So great was the irritation in this case, that I suspected a stricture, but, on passing a bougie, found none. I have seen this sympathy extend over the whole pubes, and so strong, that touching the hairs gently on the pubes, has given disagreeable sensations, and even pain.”

Facts of the same kind have come under my own observation.

\* See page 104 of his book on Venereal Complaints.

\* Fordyce thinks, that gleans are continued by the remaining venereal virus, and, accordingly, are to be removed by its antidote, mercury,

“ If the bougie passes freely, you will do well to set about the cure, by a proper quantity of mercury rubbed on.

“ This quantity can, I think, be ascertained only by the change brought upon the matter in respect to its colour, or consistence: where such change does not take place, as will sometimes happen, I rub on three or four ounces, so as scarcely to leave the possibility of a pocky cause remaining.”

What he says here concerning the changes of the matter, shews that it was not the pocky cause, but the atony of the parts, that he removed, by inducing inflammatory action, or rather the suppurative stage. “ How many obstinate gleans,” says he, “ of two, three, or four years standing, have we seen effectually cured by a mercurial inunction ?”

This is one the many instances which show, how powerfully hypothesis influences our minds, and vitiates our reason. He never dreamed, that these complaints might have been much more easily cured, by the other means that induce inflammation, quite independently of any such remedies as may remove a pocky cause.

The cases, called by Mr Whately gonorrhœa, which he cured by the stimulant injections of the muriate and submuriate of mercury, were those of such gonorrhœas as are synonymous with gleans; and I would venture to make a similar remark on the cases of gonorrhœa and leucorrhœa, which Pearson and Blair treated with such acids as the nitrous. They were at one time successful, at another unsuccessful, because they did not care-

\* Fordyce's Review of the Venereal Disease, 2d edition, p. 51, of Gleans, § 8.

fully discern the difference in the diathesis, when these remedies were exhibited.

Mr Hunter is of opinion, that the consequence of gonorrhœa is often incurable, (page 34.) "These diseases may be considered only as an inconvenience entailed on those who have had venereal gonorrhœa. *No certain cure for them is known; they are similar to the fluor albus in women.*

But I affirm, with no small degree of satisfaction, and the cases to be related will prove what I affirm, that such gleets and fluores albi as Mr Hunter pronounces incurable, are just the same as those which have completely disappeared during the internal administration of cantharides.

Mr Hunter, mentions these diseases in terms much too mild; for every practitioner must have known, from his own observation, that they are not only inveterate, but have the most distressing consequences. Falck was well aware of this. "There is," says he, (p. 132), "something so very gentle in the sound of a gleet, that the patient is very little concerned at it; and too frequently less so, the practitioner he applies to: for my own part, I had rather cure ten recent virulent claps, than one old standing gleet."

Although, for a considerable length of time, gleet is only a local disease, yet the application of local means seldom, except in the most trifling cases, effect a cure. But stimulating remedies, being applied to the general system, the parts affected, as a part of the whole, are restored to their healthy action.

I would not be misunderstood, when I speak of curing gleet by a stimulating plan; for, irregularity in diet, indulgence in strong liquors, excess of exercise, all do harm in every case of gleet. These complaints, I have found to be most successfully treated by moderately nourishing diet, and gentle exercise, the internal use of the balsams, bark or the



carbonate of iron, sea bathing, with injections of the infusion of cinchona, or of the quercus robur and kino. Sometimes, however, these means only serve to alleviate the complaint; and the discharge continues of a puriform appearance and consistence. When this occurs, it should be treated as a confirmed gleet.

I have, in a former part of this work, pointed out these varieties, or rather various states of gleet, which I recollect to have occurred in practice; and, I believe, there is no instance where the treatment should be exclusively local, or exclusively constitutional; for in all cases we must attend to the stomach and bowels, and to the state of the discharge from the urethra. In some cases, our treatment must be chiefly constitutional, and in others chiefly local.

In cases of confirmed gleet, accompanied with general debility, our treatment must be chiefly constitutional; for here no stimulant injections into the urethra can in the least promote a cure; nay, I affirm, without hesitation, because I have really seen it happen in analogous cases, that local applications, used even so strong as to destroy the parts altogether, would never induce healthy inflammation; but when the system is assisted by internal remedies, this healing action can be induced and maintained with safety, without the necessity of any acrid local applications.

In cases of mild or incipient gleet, where the health is sound, we may, at first at least, trust to local means.

There is one local application, which, although in many thousand instances injudiciously applied, has been of the greatest utility, and which should certainly not be overlooked, I mean the bougie.

There are plethoric habits, although not very commonly met with, enjoying to all appearance health and vigour, which yet cannot well bear either the antiphlogistic or phlogistic regimen.

In these habits the constitution may be otherwise sound, yet there may be great atony of the penis, and an obstinate gleety discharge, so that the complaint is, as far as can be in a system constituted like ours, completely local, and yet does not yield to the cold bath, cold ablution, stimulant nor sedative injections; but a tolerable thick bougie, prepared after the manner of Le Dran, besmeared with olive oil, containing tinct. opii, will distend the urethra, promote the circulation there, and throughout the vicinity, induce inflammatory action, and the formation of laudable pus; and, in fine, complete the cure.

So that we have a most excellent resource, when constitutional means are not indicated, or would be detrimental, and when the more common local and external means are ineffectual.

There are others, who, though they can scarcely be deemed of very sound or healthy constitutions, yet enjoy their usual health. Such are people predisposed to apoplexy, to phthisis pulmonalis, asthma, &c. when they take such medicines as excite the system, they are seized with headache, vertigo, breathlessness, or similar symptoms.

In such cases, when injections have failed, we shall often succeed by the bougie. To some persons; however, the bougie is intolerable.

But though, in particular cases, internal stimulants are dangerous, injections ineffectual, bougies inadmissible, we are not without resource; for vesicatories, applied to the perineum, will, in many instances, remove the disease.

Thus we see how necessary it is to attend to peculiarities of constitution, and to vary our means of cure accordingly.

No man's genius was ever more fertile in expedients, in difficult cases, than that of Mr J. Hunter; and as his experience with regard to vesicatories, in

circumstances somewhat similar to those in which I would advise their use, completely corresponds with my opinion of their utility, I hope I shall not be blamed for quoting the following very instructive facts and observations :

\* “ A blister applied to the perineum will entirely cure some of the remaining symptoms, even when they extend towards the bladder, as will be explained hereafter ; indeed, it appears to have more effect than any other remedy. A blister to the small of the back will also give relief, but not so effectually as when applied to the perineum

“ This practice,” continues Mr Hunter, “ is not only of service where there has been a preceding gonorrhœa, but I have found it remove, almost immediately, common stranguries, where the turpentine and opium, both by the mouth and anus, had proved ineffectual, and when the catheter had been necessarily introduced twice a day, to draw off the water.

“ Electricity has been found to be of service in some cases, and therefore may be tried either in the first instance, or when other means have failed.”

And he further adds : (p. 106.) “ A gentleman informed me, that he had cured two persons of gleans, by applying a blister to the underside of the urethra ; and I have known several gleans of old standing, after having baffled all common attempts, cured by electricity.”

† Mr Ben. Bell, found vesicatories of the cantharides, the most effectual remedies he ever employed, when the glands of the urethra were affected.

In the opinion of surgeons, with regard to gleans, there is an error which cannot be too speedily exploded. A celebrated surgeon, for instance, assured me, that it was his firm belief, that ninety-

\* Hunter, p. 98. † Bell, on Gleans, p. 204.



nine gleans in the hundred depended on stricture, and were to be cured by the caustic bougie.

How then does it happen, that in my practice, and I believe I have seen as many gleans as most medical men, I do not find one in the hundred in whom there is any stricture? Nay, in by far the majority of cases, there is not the slightest impediment nor diminution in the flow of urine.

This appears to be the principal source of the mistake; they think, that since bougies act by distension, or by cauterizing the parts, and thus remove gleans, these gleans must depend on contraction; but the fact is, that the bougie acts as an external stimulus, exciting the membranous and muscular structure of the urethra, and produces inflammation, as we have stated above, and thus the cure is accomplished.

The following occurrence has also contributed not a little to this error; often when a bougie is introduced, it excites the urethra partially or generally into contraction, and this temporary obstruction is rashly pronounced a stricture; caustic has been applied to remove it, by which, and the repeated irritation of the bougie, real strictures have been formed, with consequences the most distressing to the patient.

Repeatedly, in the early part of my practice, this has puzzled me; for the bougie would stop frequently at the very same spot, and receive a mark from the interruption; but, by soaking the parts in warm water, and injecting oil, or oil with opium, into the urethra, I have generally, after a few attempts, succeeded in getting the bougie into the bladder, not, however, without difficulty, for new interruptions, of a similar nature, oppose our progress: but one yields after another, till at last we accomplish our purpose; and, after withdrawing the instrument, the same obstacles will perhaps oppose its reintroduction.

There is, at least, one other cause of fallacy ; part of the urethra often remains so irritable, that it is provoked into contraction when any acrid substance is applied ; hence it often happens, that when the urine enters the urethra, it produces very painful sensations ; the urethra contracts, and the urine either flows in a very small stream, or it is quite interrupted

Here, as in the former instance, the bougie, on entering, excites obstructions to its own passage into the bladder, but they are removeable in the same way ; and having once ascertained the absence of stricture, the reintroduction is unnecessary.

There are numberless instances in which the stricture has been removed, and yet the gleet has remained, not to be cured by the bougie ; in Mr Home's works we shall find many examples of this fact.

Finally, all the means which have been known to cure gleet, may be comprised under one head ; such as promote and invigorate the functions of the parts affected, or the system in general.

## CASE.

A GENTLEMAN, aged 22, applied to me on account of a gleet of great inveteracy, and very long duration ; he said, that the affection only annoyed him by its being uncleanly ; and the remedies he had employed, being both ineffectual and more troublesome to him than the disease itself, he contented himself with washing the parts frequently, in expectation that it might wear off through time.

I represented to him, that the consequences might be dangerous, and that he should not look on it with such indifference ; adding, that I believed means might be found to remove his complaint. Accordingly, I prescribed for him the tincture of cantharides, and after his complaints underwent va-

rious changes, he entirely recovered in rather more than two months.

### CASE.

A GENTLEMAN, aged 30, stout, and of dark complexion, when intoxicated, had caught a gonorrhœa.

I examined the parts, and prescribed for him. Of this disease he was completely cured before the expiration of a month.

A few months after, he again begged I would assist him, as he had for two weeks past been severely troubled with a thin transparent emission from the urethra, attended with a sense of weakness, that much impeded his attention to his business, and he was afraid might speedily undermine his constitution, which was otherwise good. I prescribed the tincture of cantharides, which he continued to take for about two days, when great pain and inflammation of the urinary passages attacked him; wherefore, I prescribed a mild solution of sulphate of zinc, to be used as an injection into the urethra, and, at the same time, I ordered him a smart cathartic.

After this, the inflammatory symptoms rapidly abated, the discharge which had assumed the puriform appearance of that of gonorrhœa, became daily less in quantity, and in about a week it was entirely cured.

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IN this instance, inflammatory action was excited by a very inconsiderable quantity of the tincture of cantharides; and, indeed, I have invariably, so far as I can recollect, found, that the shorter the duration of the gleet, and the more healthy and stout the patient, the sooner were the inflammatory



symptoms in general induced ; shewing, as I presume, that the effects of the remedy depend much on the state of the general constitution ; and not simply on any peculiar local influence on the organs of urine. Other cases, however, which I shall produce, in my opinion establish the truth of the remark beyond the reach of doubt,

### CASE.

A GENTLEMAN, aged 55, a small meagre man, married, and father of a family. He mentioned to me, that he laboured under an uncommonly severe gleet, but at the same time said, that he had no hopes of cure, as many practitioners, both in England and Scotland, had prescribed for him in vain ; but, as the effects of it were now very severe, he requested I would devise some method of relief, as, to use his own phrase, life was become a burden to him.

On minute inquiry, I found that he had been affected with a discharge of this nature from the urethra for about 20 years, which he attributed to the effects of a bad custom, originally commenced at school, and since aggravated by repeated claps.

Such was his situation, that besides a continual gleety discharge from the urethra, emission of semen succeeded the most trifling erection, and straining at stool had the effect of producing it ; which was followed by langour, and great depression of spirits.

Though married, connubial enjoyment was beyond his faculties ; but this was not his only misfortune ; headach, loss of appetite, lumbago, incontinence of urine ; in fine, general emaciation and debility, threatened the speedy termination of his life.

All the most common means had been employed to remove his complaint ; accordingly, to make him

undergo a repetition of the same, was neither consonant to my feelings, nor to the state of my patient. I therefore prescribed for him the tincture of cantharides, which he continued to use, progressively increasing the doses, for about a month, when his complaints disappeared.

He left this city soon afterwards, and repaired to London, where his family were ; but his kind wife, expecting nothing more than she had for many years received, made no demands, and he, for his part, did not endeavour to convince her of her mistake, but exerted his powers in a way not quite so legitimate as moral probity could wish, of which there in a short time appeared living evidences.

This patient, however, had a return of his seminal emissions, but by a perseverance in similar treatment for a few months, he entirely recovered.

### CASE.

A GENTLEMAN, aged 23, had laboured under a gleet for some years ; he applied first to a surgeon in town, who gave him the common injections. They arrested the running for a short time, and when it returned, he applied to another surgeon, who advised the balsam of copaiva ; and, after he had used it for about a month, bougies were employed. Their introduction gave him little uneasiness, and their use did no service ; he recommenced the balsam, but in vain. Sometimes, indeed, these remedies seemed advantageous ; but the disease was now worse than ever.

I told this gentleman, that I had more than once experienced the most complete salutary effects from a certain method of treating gleet, which I had adopted within these few years ; but that I could scarcely advise him to attempt it, on account of his extreme irregularity of living, as it would require uncommon attention, both on his part and on mine ; otherwise

the consequences might be very troublesome, if not dangerous. He replied, I had nothing to fear, since his passion for the fair had lost its predominance. His general health was much impaired, and a very small proportion of wine or ardent spirits, intoxicated him. He said, too, that it was out of his power to remain in town, but that I might prescribe without fear, as he was resolved to obey my injunctions most minutely. Accordingly, I gave him a portion of the tincture of cantharides, and he was instructed to pay the utmost attention to any change that might occur in the state of the discharge; whether pain supervened in the penis, kidneys, or stomach, or any difficulty in making water; and if such symptoms occurred, to intermit or diminish the doses of the medicine, according to their severity; but if they did not at all intervene during its use, to let me know in time, that I might transmit him a supply, before the first quantity was finished.

Consequently I received a letter from him stating, that no pain had troubled him, and requesting to know how he should next proceed.

I ordered him a second mixture like the first, but to be taken in increased doses; he had only taken of it a few times, when he was seized with excruciating pains in the parts of generation, with an almost complete strangury: he now ceased to use the cantharides; till he should receive farther instructions. I wrote him instantly to bathe the parts with warm water, to take a cathartic, and use the injection into the urethra, with both of which he was furnished on his departure from town; requesting him, at the same time, to let me know, by return of post, how he should feel, after he had observed the directions then given; but I got no other information concerning this case till several months afterwards, when I saw him in town; he was then married; and I had the pleasure to receive



thanks for having accomplished in him a perfect cure.

### CASE.

A GENTLEMAN, aged 32, stout and active, contracted a gonorrhœa, which, in consequence of inattention, was not removed for more than two months.

Six months after he perceived a slight gonorrhœal discharge, but was ~~was~~ willing to allow that he had exposed himself to a fresh infection.

He now used injections, nitras, and supertartris potassæ, and the cold bath daily, with apparent advantage; but the least irregularity in diet or exercise renewed the discharge.

He at length became tired of medicines, and confined himself to the cold bath once a-day; all pain was gone; but the discharge and debility of these organs proceeded increasing. Wherefore, by my advice, he commenced the use of the tincture of cantharides, but, as he scarcely expected any advantage from the medicine, did not use it with any punctuality; he however increased the doses, recovered completely, and is now married, and remains well.

### CASE.

A GENTLEMAN, aged 25, was affected with gonorrhœa, to remove which he employed the common means with success.

The discharge had never been very copious, was of a glairy appearance, and he suffered much from a continual soreness in the urethra, about an inch from its external orifice, but did not think, that the stream of his urine was smaller than formerly.

He had lately been living rather irregularly, and now complained of incontinence of urine.

I wished to introduce a simple bougie, to ascertain the state of the urethra; but he would not allow it to be done.

I then prescribed the tincture of cantharides for a few weeks, when the discharge diminished gradually, and at last disappeared, leaving, however, a certain sensation, scarcely to be called uneasy, in the urethra, particularly on making water. He went into the country, had much exercise on horse-back for some days, got himself frequently wet, and also exposed himself to a new infection; soon after which, the discharge returned, and the sensation went off. This new discharge was whitish, watery, and very copious.

Are we to consider this a new infection, or as the effects of the former disease not completely cured?

We are to observe, that there still remained a certain sensation in the urethra, which went off when the discharge returned; and that the new attack was neither ushered in, nor accompanied with inflammatory symptoms; and when we recollect, that gleet often succeeds gonorrhœa at some distance of time, it is not improbable, that the peculiar sensation above described, was a relic of the inflammation which the cantharides had excited, which terminated in the atony of the parts, and a removal of the gleety discharge.

There are some particular circumstances, which, in some measure, invalidate this opinion. The discharge at first was not of a very inflammatory kind nor very copious, but became very copious during the complaint; but there was a continued pain and soreness in the urethra after the first attack, which has, on the second, entirely gone off: but, had it been a fresh infection, have we

not reason to think, that the pain would have been renewed?

On the whole, then, I am inclined to think, that this was a relapse of the former complaint.

I again wished to introduce a bougie, to ascertain the state of the urethra; but he would not suffer it. On the idea that this was a relapse of the affection, I advised him to resume the use of the tincture of cantharides; but he refused this also, saying he was <sup>3</sup>tired of it. I then gave him an injection of sulph. zinci, expecting, that the inveteracy of the discharge would at last induce him to re employ that remedy, which had already been of service to him. He used the injection occasionally. but the discharge continued unabated.

In the beginning of August following, he informed me, that having indulged himself lately with a female friend, a great quantity of blood flowed from his urethra during the night, and next morning he found that the gleet discharge had nearly disappeared, and with it the disagreeable feeling which had again attacked the urethra.

I ordered him to continue the use of the injection.

He told me, about twelve weeks afterwards, that his complaint had entirely ceased, and that he had long given up the use of the injection.

This event seems to confirm the opinion which I had formed of this occurrence; for, is it not probable that the discharge proceeded from the above mentioned painful spot, which was healed by the inflammation that followed the hemorrhagy?

### C A S E.

A GENTLEMAN, aged 29, stout made, had a gonorrhœa about three years before he consulted me, which was cured by the usual means.



When he applied to me, he was affected with symptoms of a violent nephralgia calculosa, of which he conceived himself perfectly cured by the pill sodæ,\* in about six weeks, during which he voided in his urine a great deal of something resembling sand.

Soon after this, a gleety discharge made its appearance, and continued long to affect him.

From the previous affection, and the continual uneasiness in the region of the kidneys, particularly when the discharge is aggravated by hard exercise, or hard drinking, we have reason to presume, that a disorder of the kidneys had no small share in this complaint.

After drinking, he had always observed, that the matter discharged becomes much thicker; but this inspissation soon degenerates, and the discharge resumes its gleety appearance.

I prescribed for him the tincture of cantharides, which, before the cure, caused a very great increase in the discharge. This, however, gradually disappeared, and he is now perfectly well.

## CASE

A GENTLEMAN, aged 35, a robust man; lived very irregularly for several years, without much apparent injury to his constitution.

He contracted a gonorrhœa, for which he used injections of various kinds; but in the course of a few months, it declined into a gleet, which did not trouble or alarm him much, till one evening, about two months afterward, after drinking a very great quantity of port, he suffered a complete suppression of urine for several hours, after which, the water

\* These pills are composed of equal parts of calcined soda and bread. In many instances, I have found them of great service in these complaints.

came away in drops, attended with great pain. A medical man, to whom he related the above account of his disease, proposed to introduce a bougie; but to this the patient would not submit. Almost immediately after taking a dose of the phosph. sodæ, he passed his water freely; the gleet discharge remained as formerly, but somewhat thicker in consistence. He used no other remedy.

About a week before he consulted me, a pain attacked him in the perineum, where I found an elevated spot, painful when touched. He passed water without pain, and frequently in a full stream; but it sometimes stopped suddenly, and then the spot above mentioned became painful, and continued so for nearly half an hour. I prescribed for him the tincture of cantharides, which he continued to use with considerable steadiness for nearly a month, when he was perfectly recovered.

This case was mistaken for one of stricture; and since most surgeons believe that the gleet discharge is for the most part only a symptom of stricture, the mistake was very excuseable, particularly here, where some of the characteristic symptoms of stricture, with complete suppression of urine, were present.

This case shews the necessity of distinguishing between spasmodic and permanent strictures; for, the circumstances alone of the stoppage coming on suddenly with pain, and being suddenly removed by the means which the gentleman himself had used, convinced me, that this was not a case of permanent stricture, but an occasional partial contraction of the very irritable urethra, caused perhaps principally by the acrimony of the urine, and to be removed by whatever remedies could restore the tone of the urethra, without distension by bougies, or the destruction of any obstacle by caustic.

## CASE.

A GENTLEMAN, aged 21, of a very irritable habit, contracted a gonorrhœa. He used injections of sulph. zinci far too strong, and thus soon excited violent inflammation of the urethra with strangury. In two days, the discharge of the gonorrhœa was almost completely removed. Ophthalmia affected him at the same time.

A surgeon of this city prescribed for him, a solution of sulph. zinci for his eyes, applied leeches to his temples, and gave him smart cathartics. The gonorrhœa returned in a slight degree, and increased as the strangury abated. His surgeon told him not to use injections, for they almost always brought on strictures, but to allow the complaint to *run itself off*, which he assured him it would do in a very short time. All medicines, in gonorrhœa, he pronounced not only to be useless, but often productive of great distress. The pain in voiding urine soon left him; the discharge became thin, and in great quantity. He now used injections composed of tinct. opii. camphor, and water; they gave relief, but when their use was intermitted for a few days, the discharge returned of a puriform consistence, attended with very slight pain in voiding urine.

I desired him to discontinue the injections, and I prescribed for him the tincture of cantharides, which he continued to use with varied success for upwards of two months, when his complaint had entirely left him.

During his use of the cantharides, the glands in the axilla inflamed, suppurated, and broke, but they healed very speedily.



## TREATMENT

OF

## SPASMODIC STRICTURE.

*Introductory Remarks respecting the cure of Stricture  
in General.*

WITH regard to stricture, I once proposed making a general review of the best of the numerous books which have, especially of late years, been written on that subject. I now, however, find that the opinions of every author, respecting the points which seem to me to demand greatest attention, (viz. the practical ones,) are so nearly alike, that a plan of this extensive kind would not only be uninteresting, but unnecessary.

Instead of ascertaining the real nature of the disease, and of the plans which ought at an early period to be adopted for the purpose of preventing the urethra from assuming that state of action, which might possibly require the application of caustic for its recovery, they seem rather to have taken it for granted, that such a state existed from the first, and their whole attention has been directed to the invention of some sort of instrument, or of some new substance, for its removal.

As, then, the publication of Mr Home's works in particular, on that subject has given rise to much controversy, and, (as a man of honour, and one solely anxious for the progress of medicine, I declare it) in my own opinion, to be the cause of much

unnecessary torture to many individuals, I shall, in the course of this publication, occasionally take ~~no~~<sup>notice</sup> of those parts in which to me, such practice seems to have been unskilfully applied. As these opinions no doubt are the very best which Mr Home could adduce, and told in his very best way, as illustrating his peculiar notions respecting these diseases, his doctrine will be seen to no disadvantage, nor can any criticism upon them be considered as misapplied. In Mr Home's practice, many cases of a less decisive nature must have occurred; and, as I can have no opportunity of examining these, I must leave to the thinking part of the community, to conjecture the probable number of unsuccessful ones which must be unpublished, from those which I shall point out now in the hands of every one. This, however ungracious the task, I am constrained to do, in order that the world may judge of the truth of the principle upon which they have been treated. Of personal motives, I have none. My practice and that of Mr Home can never interfere. I am only desirous of rectifying an important part of medical reasoning and practice.

It is only necessary for any one to take a wrong view of the subject of which he treats, which I think Mr Home has most decidedly done, to render all his speculations and proceedings, however ingenious, respecting it, less or more erroneous. Such I do not hesitate to say, has been too often the case in the reasoning upon, and treating diseases in general; and I am sure in none so much as in those termed strictures in the urethra, rectum, esophagus, &c.

Many years ago, while reading Mr Home's book on the subject of strictures, while I was pleased with the simplicity of his language and the plainness of his descriptions, I could not help thinking, that in the treatment of many of those cases with which he has favoured the world, in illustration of

his doctrines, he had applied that harsh, and I must say repulsive, mode of practice, where, even from the circumstances which he himself has stated, he had no right to adopt such practice; nay, further, were I disposed to doubt Mr Home's authority, I should be inclined to pronounce that, under certain circumstances connected with some of his cases, no such result could be obtained from the application of caustic bougies. In short, I conceive, and I shall attempt to prove it a very exceptionable book.

These opinions respecting the application of caustic to the urethra, remained with me for some time scarcely more than conjecture, as I then had no opportunity of ascertaining the certainty of them from practice. Since that time, however, I have not only had ample opportunity of confirming them by experience, unbiased by any particular hypothesis or theory, but facts have crowded upon me from every quarter to convince me, that *permanent* stricture in the urethra is, unless caused by improper treatment, a very uncommon disease, and that Mr Home's treatises upon that subject are even more faulty than at first reading we conceive them to be. Yet, strange to tell, a man, at least in the fashionable world, can scarcely be recognised as properly initiated, unless he has submitted to burning by caustic.

Indeed it must appear to every one, that when one particular mode of treatment is uniformly adopted for the removal of disease, and pertinaciously persisted in, in spite both of observation and of reason, we may rest assured, that the department of science which ought to regulate that particular part of our art, is either in a wretchedly imperfect state, or kept under and neglected from improper motives. Men entertaining particular practices, which they are never at a loss to apply, unless for want of a subject to apply them on, have never permanently ranked very high in the scientific world.



We have at one time been amused with animal magnetism in the removal of a variety of diseases ; at another, with electricity ; since that, with Perkin's tractors ; and, especially of late years, we have been amused in a very serious way with burning for the removal of imaginary permanent stricture. All these have, in their turn, been supported and maintained with a fury, with a madness I should say, which no truth in a really scientific improvement would require for its establishment. They were at length *found out*, and, with a very few exceptions in the application of electricity, and more numerous instances in the last of these, viz., burning with caustic, have or ought justly to be consigned to the vault of all the Capulets. Indeed, on recollection of the novelist introducing Dr Sangrado with all his bombastic reasoning and his practice, which, as is usual even in real characters of the same kind, did not at all correspond with it, and after the ludicrous figure my uncle Toby and Corporal Trim cut at *their* hobby, it is astonishing that science should be assailed, even in our own days, with follies equally absurd with the latter, and cruelties not less conspicuous than the former.

With regard to my examination of published opinions, I may remark, that it has always seemed to me, that when a man, be what he would, submitted his opinions to the world, he appealed to the judgment of the world, and that these opinions should or ought to be examined, and only held valid, where unbiassed reasoning could support them. I can have no wish, I may again observe, to object to Mr Home's or to any other person's doctrines as a private individual ; indeed in that capacity I should never have thought of making a single proposition respecting them ; I do not personally know Mr Home, nor have ever seen him ; but as a servant to the public, as one engaged in the arduous task of relieving human misery, *in the easiest way* for the

sufferer, I deem myself perfectly at liberty, even without attempting to offer an apology, to make such remarks on his, or any other person's published opinions and practice, as I may think proper. I invite the public to do the same with my own: Provided they are reasonable, and deserving of notice, I shall listen to their remarks; and if it be proved, and it is possible it may be, that the opinions I have submitted to the public on various occasions, as well as those I may yet submit, are faulty or imperfect, I shall not be offended, but on the contrary, pleased, either to admit, in the same public manner, of such observations, or to correct the accuser with all imaginable dispatch. I hope I shall always be equally ready to acknowledge my own faults, as I am to endeavour to point out those of others. Nothing shall ever induce *me* to depart from this determination.

Stricture in the urethra, then, seems to me a disease much easier understood, as well as removed, than one would expect, from the immense multitude of pamphlets, papers and volumes, which have been written upon it, as well as from the controversies, wranglings and disputes, which the very name of this disease has given origin to. In short, the many publications which this disease, *✓ demonstrates* *✓ has occasions* clearly, that much misunderstanding exists respecting its real nature, even among those who pretend to teach others every thing respecting it. As stricture then of any kind, and healthy action in the same parts, are incompatible with each other, the first object of the surgeon is, during the existence of stricture, to ascertain, which he may do by unbiassed examination, in the greater proportion of cases, what the particular action is which preponderates in the urethra at the time. Spasmodic action may exist in a violent degree, independently of any cause which we can assign for its presence; it may also exist in consequence of long continued debility

of these parts, and to be preceded, accompanied, or even followed, either by gleet, seminal emissions, or total impotency. Permanent stricture also may exist in consequence of long continued spasmodic stricture, causing a deposition of matter at the spot, and may be occasioned by any of the preceding causes ; but is most generally induced, in a greater or less degree, by the rude application either of common or of caustic bougies.

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*Treatment.*

It is a curious fact, which I cannot avoid introducing, that, since my practice in diseases of the generative organs has been rather upon an extensive scale, almost every gentleman who consulted me, did so in consequence, as he asserted, of being affected with permanent stricture. But I found that that disease was scarcely ever the one with which he was affected ; that the various sensations he complained of, arose principally from debility of these parts, or from strictures purely spasmodic, and removable only by the use of stimulating, or by antispasmodic medicines internally administered, or externally applied.

Mr J. Hunter observes, that “when a bougie can readily pass, there is no necessity for using any other method to remove the stricture ;” and I certainly would add to this, that when the urine can flow in a full stream through the canal, there is no necessity for applying either the one or the other, although in Mr Home’s book we find many cases in which he applied caustic when the stream was sufficiently large. A bougie, however, being in some of these cases introduced, brought on spasm, for the removal of which he applied caustic, and, as he observes, the patient, in some cases completely, and in others *nearly*, recovered.



It is very evident, from the language even of the advocates both for the application of caustic, and for the use of the common bougie, in the removal of stricture, that the contraction of the parts is very apt to return, and it is also allowed, that a relapse, after burning with caustic, is uniformly worse than after the use of the simple bougie. Thus it is evident, on both sides of the question, that their applications are more calculated to remove the *effect* of the contracting power, than the *cause* of that disease. Indeed, no topical application *alone* can effect this purpose. The writers on these subjects want something, but they do not know what they want ; some indeed recommend internal medicines, and external applications, for the relaxation of strictures ; but these substances are recommended in so ill arranged or contracted a plan, that they cannot be used with decided advantage.

Although, from various circumstances, we may be able, with tolerable certainty, to ascertain whether an obstruction in the urethra has arisen from permanent or from spasmodic stricture, yet the chances of deception, from the similarity which in many instances exists between these diseases, ought, previous to the use of the caustic, to induce us, *in every case*, to try every means for the removal of the spasm, lest that should be the sole disease. This I say, ought *at all times* to be done, notwithstanding Mr Home's arguments, that burning these parts is attended with little or *no* pain, and *far less* risk !

Instead of waiting for the relief of the spasm by internal or external applications, particularly if the case be urgent, Mr Hunter also recommends, in page 164 of his book on the venereal disease, the immediate application of the catheter or bougie. But even under these circumstances, I think the practice extremely harsh, as it must at all times occasion not only the most excruciating pain, and a greater degree of contraction, but, in perhaps every instance, must, in a greater or less degree, rupture

the parts, and thus rather accumulate than remove the source of evil. The steady use of internal medicines, and external applications, are therefore in the first instance indispensibly necessary ; and if the urgency of the symptoms will not allow us to wait their effects, it were better that we should puncture in the perinæum or rectum, beyond the contracted part of the urethra, than follow the plan recommended by Mr Hunter, and entail on the patient irremediable mischief.

Mr Hunter, however, by no means wanted a knowledge of the power of antispasmodic medicines ; but, with the order of their application for the removal of stricture, he does not seem to have been at all acquainted ; for, under the very circumstances where their use was absolutely necessary, he does not once hint at their employment. “ The time,” says he in page 121, “ that each bougie should remain in the passage, must be determined by the feeling of the patient, for it should never give pain, if possible. Going beyond this point is destroying the intention, increasing the very symptoms that are meant to be relieved, and producing irritation, which, for a time, renders the further application of the bougie improper.” Now, had Mr Hunter made the proper applications previous to, and during the employment of these bougies, many, perhaps all, of these distressing symptoms would never even have occurred, and the bougie consequently might have continued with impunity, with perhaps few, if any interruptions to its use, till the cure rendered its further application unnecessary. Neglect of these considerations did not exist with Mr Hunter ; for every one who has written on the dilatation of stricture by the simple bougie, has similarly erred. Mr Hunter, in the same page evidently testifies, that he wanted only a knowledge of these means to insure his complete success in the cure of such strictures. By his cautious management, he even succeeded in the removal of many without them. He here ob

serves, that “ the bougie should be increased in size according to the facility with which the stricture dilates, and the ease with which the patient bears the dilatation. If the parts are very firm, and very irritable, the increase of the size of the bougie should be slow, gradually stealing upon the parts, and allowing them to adapt their structure to the increased size.” Although, however, these strictures were dilatable without any means being applied to prepare the system for such practice, it does not follow that such means are unnecessary, but highly proper, as affording a much easier method of cure than the one formerly in use.

Mr Whately justly observes, in page 63 of his pamphlet respecting Mr Home’s practice, that “ it is essentially necessary, in our present imperfect acquaintance with the caustic, to endeavour to dilate all strictures of the urethra, by means of common bougies, before any attempt be made with the caustic to effect their cure.” This is a most important point, and I am sorry to say that in *practice* it is seldom, indeed scarcely ever, attended to ; but even when such a method has been adopted, from the general system, as well as the immediately affected parts, not being previously prepared by internal medicines and external application, it is scarcely ever attended with *permanent* benefit ; indeed, on the contrary, by thrusting a bougie in the urethra, with sufficient force to distend the contracted part, we oftener increase the distress than relieve it.

I wish particularly to insist on this, that either pressure by a bougie, or the *wedging* process, which are the methods recommended for their dilatation, are, in a great majority of cases, impracticable, unless proper measures have been previously adopted to suit the system for such practice. I allow that, in *some cases*, simple pressure will effect a cure, but it must always occasion more pain, and be more slowly, and after all, less perfectly removed, than



when these means are assisted by general medicines. The most ordinary effects of a bougie alone, in these cases, must be well known to every one who, in the unprepared state of the system, has ever employed that unscientific practice. When passed through the stricture, already very irritable, as well as the parts beyond it, they became more so by the aggravation of an extraneous substance being applied to them. If constant and enlarged bougies are followed up one after the other, all the parts in the vicinity of the stricture must be increased in irritability; for the bougie once introduced, has not opened the obstruction, but inflamed it, and consequently the stream of urine has not improved but lessened. After attempts have not succeeded, because the passage is narrowed in consequence of the inflammation induced; that inflammation is allowed to abate, the bougie is again introduced, it finds a sort of passage, but, on being withdrawn, the inflammatory effects as formerly are again produced, and the same time must be allowed them again to subside. Thus the patient, by injudicious practice, is often tortured for many months.

The attempt then to introduce a bougie, for the dilatation of a spasmodic stricture, particularly if violent, before the application of external and internal medicines have been made to prepare the parts for such an application, must be attended with most excruciating pain, and will scarcely ever remove the affection. On the contrary, as just stated, the disease has often been rendered infinitely worse, and this at length has given rise to the existence of permanent stricture, when the application of the caustic has been in numerous instances, for their removal, necessarily adopted.

It may therefore be considered as a general rule, that the application even of the common bougie, without previously adopting those plans which must prepare the system in general, and the urethra as a part of

the whole, for its application, must always increase the irritable state of that canal, and consequently increase the disease. This is a point to which we cannot pay too much attention.

As one proof that it is not the number of medicines, but the order and method in which they are applied, that are most beneficial in the removal of of spasmodic stricture, I may mention, that previous to my having arranged them, as I now do, I was in the habit of applying all the different articles recommended by authors, in the usual confused and indiscriminate way ; but never, unless in slight cases, effected any permanently good purpose. My experience, however, now warrants me to vouch for the effects of these medicines, internally and externally applied, as thus referred to, in the removal even of some of the cases which I had formerly failed in curing.

It is not, then, from a vast variety of external or internal medicines, without any order observed in their application, which, as already stated, is too often the case in books written upon this subject, that we are to expect lasting or even temporary benefit. I know of no other complaint, where greater discrimination is necessary, in the administration of remedies ; a single error, indeed, may, even in the exhibition of the most useful medicines, thwart all the advantages which would have arisen from the properly regulated employment of them.

For the removal of spasmodic strictures, we must first, provided the patient be plethoric, employ general blood letting, and apply leeches to the part affected. At the same time, we ought to employ internally, as much camphor, opium, and æther, as the stomach can receive without producing sickness. After this, in from one to three or four days, according to the particular constitution of the patient, a blister should be applied under the penis, or under the perinæum, according to the situation of the stricture ; and it may sometimes be necessa-

ry to apply one of a pretty large size across the loins. After one or more of these have produced their escarotic effects, we may administer an injection, *per anum*, of tobacco-smoke, or of laudanum and æther, and then lay the whole body for about ten minutes in a warm bath. After this, and while the patient still remains in the warm bath, we may inject a mixture of laudanum, oil, and æther, into the urethra, and, after dipping into the same mixture a bougie, or rather, if it be necessary to use it, while the patient remains in warm water, an elastic gum catheter, we, can scarcely I think, fail of passing any spasmodic stricture that may have formerly existed in that passage. I by no means propose that all these applications should be used at once, unless where a failure of one or more of them has ~~been~~ previously happened. The urethra is frequently in such a state, that dilatation of stricture alone, after the properly regulated use of antispasmodics, and other applications of a similar nature, effects a complete cure. At other times, though not very frequently, these means will not of themselves complete the cure, and on such occasions we find it necessary to use, in addition to the above, the various tonics in common use, with which, in no case that has yet come under my examination, have I ever failed in effecting a cure. In many cases I have used one, in others two or more, and in many, I have been obliged to employ them all, and even to repeat them, before I effected my purpose.

The preferable position for the patient's body to be placed in, for the introduction of the bougie, is on his back, with his knees somewhat bent. In standing during this operation, which is sometimes done, the parts are apt to be compressed by the action of the surrounding muscles, and in sitting, the urethra is very apt to be so completely compressed, as to prevent the possibility of introducing that instrument.

I would pointedly object to the use of Mr Ch.



Bell's wire bougies with a silver knob, of various sizes, used to ascertain the distance of stricture from the orifice of the urethra. That canal is so liable to spasmodic action, that however easily one of these bougies may be introduced to the distance the surgeon would wish, it must often be so firmly grasped by the spasmodic action, occasioned by its own introduction, as to prevent its being withdrawn without too much force being applied, or at least for a considerable length of time, till the spasmodic action has given way, either of itself, or by the application of remedies for that purpose. This fact is so evident, that I am sure it only requires to be stated, that it may be at once perceived.

I particularly wish it to be understood, that I conceive, and from practice I have proved, that when every means employed to relax a stricture, has, in some measure, failed of what we expected, the gentle pressure of a bougie upon its anterior part, the other means still being employed, will at length admit of one being pushed through it. This practice, of *gently* pressing on the anterior part, I prefer to even the smallest bougie being *wedged* in the strictured portion itself; the first often assists in relaxing the part, while the later almost *always* makes the contraction worse.

In some cases of this disease, even after the obstruction has been removed, it is necessary to continue the use of the bougie often a considerable length of time. I even know some cases in which, independently of the very strictest attention to the state of the general system, as well as to that of relaxing the individual parts, the use of the bougie has been occasionally worn for years; and, unless it be introduced from time to time, the urethra contracts so as in some measure to obstruct the evacuation of the urine. In these cases, to satisfy all parties, the caustic bougie has been tried, but produced no permanently beneficial effects. Where

these obstinate cases occur, which has been but seldom, the occasional use of the bougie is the only alternative, and from it we can at all times command temporary relief. A symptom, however, which sometimes occurs as producing such obstinate cases, ought to be mentioned; that is, when the stricture is only the effect of a more serious disease. When a bougie of considerable size can be passed, and still the stream of urine continues small, and the irritation is reproduced when it is omitted, we have reason to believe, that a general affection of the small glands, though not so much so as to be felt externally, exists, causing a narrowing of the greater part of the canal of the urethra; or that the same effect is produced by an enlargement of some of the parts, of considerable extent under the membrane, so that this pressing upon it, the canal is narrowed for a considerable length. The bougie in such instances presses aside these enlargements, and allows the urine to flow freely; but they resume their former state, and again the bougie must be had recourse to. Thus, although we are not able completely to remove the obstructing cause, even being able temporarily to remove it is of very great importance. Thus, having the power of palliating such symptoms, by bringing away the urine on any pressing occasion, to prevent its detention inducing diseases of a still more dangerous nature, is of the very greatest service. In thus using the bougie, it ought to be withdrawn very slowly, while the patient is keeping up the effort of urining. Thus the stream follows close to the point of the bougie, and the force retains the opening the bougie had made for it.

We are certainly much indebted to Mr Home, for having introduced more generally into practice, the use of the large in preference to the small bougie. Mr Sharpe, however, in page 183 of his critical enquiry, was rather before him in his opinion,

respecting the comparative advantages of a large to those of a small instrument for that purpose. He says, "a large catheter or sound may sometimes be passed into the bladder when a small one cannot." The urethra being fully distended by the large instrument, allows it to pass easily, but with the small one, its progress is obstructed by the sides of the urethra entangling its point, and in almost every instance preventing its free passage into the bladder. A small bougie, then, especially of the composition kind, ought never to be used, except where the passage, in consequence of disease, cannot admit of a large one. In the first place, a small one scarcely ever passes so freely along the canal, as one of a larger size, and in the next place, it can never remain long enough in the urethra, to effect any beneficial purpose, till it becomes quite soft and useless.

But when, from the narrowness of the canal, a large one cannot be used, a catgut one should be preferred to one of composition. They are less susceptible of such changes, even when used equally small with the composition bougies.

A small catgut bougie, then, when that sort of instrument is used, should be grasped by the finger and thumb of the operator, within an inch of its point, so that his finger and thumb may always be nearly close to the external orifice of the urethra. The bougie is often apt to be obstructed in its passage by one of the lacunæ, but by slightly shifting its situation, and, by elevating the point of it externally by the other hand, it will be easily shifted into the cavity of the urethra. We must be particularly careful, in performing this operation, to use no force, as, by being rash, the instrument is apt to form a new passage for itself. Even the catgut bougie is, after a few minutes, apt to become soft; it must then be withdrawn, wiped of its moisture and laid aside, and another employed. But if, previous to



this, it has passed the stricture, we do not require to withdraw it, for although it then becomes soft, it retains its situation, and by the swelling which moisture occasions in it, it assists farther to dilate the strictured part. The catgut bougie may be allowed, if necessary, to remain in the urethra any length of the time, as it does not stimulate the parts or produce any irritation. When the stricture is sufficiently dilated to admit of a larger sized bougie to pass it, it ought to be used instead of the catgut one.

I am further decidedly of opinion, that no attempt ought ever to be made to introduce a straight bougie into the bladder, as, from the curve of the urethra, it is at all times liable to be obstructed in its passage, and in irritable habits it invariably throws the parts into a state of temporary contraction. The use of these, therefore, I have entirely laid aside, and I would warmly solicit others to do so likewise. In preference to these straight bougies, I gradually soften them, by applying a very gentle heat, and then bend them into the form of a common catheter, which, when allowed to cool, I have always found to answer the purposes much better than any other form.

Although, in the generality of cases of this disease, when the system has been properly managed, there is no very great resistance to the introduction of a bougie, yet there are some of them, to which, even with attention to the above circumstances, considerable pressure must be applied before we can pass it into the bladder. If, however, much pain be occasioned during these trials, we ought not to persist in them, as, from that circumstance, the necessity of farther relaxing the parts, by internal medicines or external applications, is clearly indicated and absolutely necessary.

The bougie is often stopt by the lacunæ of the urethra, which, by those in the habit of expecting

*permanent stricture*, is mistaken for one; and thus caustic is applied to burn a passage for the bougie, when neither spasmodic action of the parts, nor the smallest diminution of the canal of the urethra, exists; at least till either one or other of these effects has been caused by the above treatment.

The preventing a bougie from rupturing the canal of the urethra, and penetrating some of the neighbouring parts while passing into the bladder, requires both dexterity and considerable experience. Persons, however, would be apt to believe, were they not to think for themselves, that, from Mr Home's advice, the chances of getting out of the right road were not very uncommon, nay, except in the hands of the most stupid of the human race, almost impossible. This mode of attempting to render easy one of not the least important operations in surgery, has, I am sure, made many a foolhardy practitioner of that art, commit numerous, and in some instances, almost irreparable blunders. Because Mr Home, or any one in the daily habit of using the bougie, can perform this operation with ease, and describe and recommend it to others with ease still greater, these persons conceive it a shameful business to fail, and are consequently induced to poke, and squeeze, and thrust their instrument into any part but the right one; and even when they fail, so convinced are they still of its being as easy as putting one's hand into a glove, that they have only to take the trouble to turn it off their shoulders, and conclude that there was some mal-conformation of the parts, from which originated the difficulty.

The most respectable authors who have written on strictures in the urethra, seem fully aware of the inconvenience, and even danger, attending a perseverance in the use of the common bougie, when such an application occasions great pain. Some of them rest contented in expectation that a repetition of short trials will at length render the parts capa-

ble of being distended in this way ; while others, who however certainly do approach nearer the right method, prescribe a farago of internal and external applications, without that simplicity, order, or regularity for their administration, which alone can command a decided success.

Mr Hunter, in page 122, was perfectly aware of the mischief arising from wedging, or thrusting a bougie too violently into the urethra, in order to remove obstructions by the process of ulceration. " I believe," say he, " there are few patients who will submit to this practice, and indeed few will be able to bear it ; for I have seen it bring on violent spasms in the part, which produced suppression of urine, and proved very troublesome." No doubt of it ; and it would be well, that an observance of various circumstances, to prevent such practice, were more closely attended to : then the excruciating pains which a patient is doomed to bear, the unnecessary application of caustic, and the irrecoverably distorted urethra, which is often the consequence of it, would all be avoided.

If, however, we should find it necessary in some cases to allow the bougie to remain in the urethra several hours, it will be absolutely necessary to fix it in some way, either to prevent its being pushed entirely out of the urethra, or, as sometimes happens, to prevent its slipping into the bladder. For this purpose, ligatures put round the bougie, and fixed to the penis or the scrotum, &c. are recommended ; but I have found the least troublesome and most effectual way to be, to fix the end of the bougie into a piece of cork, or, by repeatedly dipping the end of it, before subjecting it to use, into melted sealing-wax, till it has acquired sufficient size to prevent the possibility of its slipping into the bladder. To this a piece of thread, or a bag like the finger of a glove, may be applied over the penis, to prevent the bougie from slipping out.



A continuance, however, of bougies for a great length of time, after the canal of the urethra has been distended to its natural width, seems to me at best questionable. For if the disposition to contraction exists, in any violent degree, after this period, we may be assured, that local applications of any kind will not remove it; that the disease of the parts can only be permanently removed by the removal of the diseased action, which, as it very commonly arises from debility, must be treated by medicines which counteract it. I have seen such a state frequently attended with considerable pain, giving rise in the mind of some more versant in the theory, than in the actual practice of such complaints, to a supposition of its existing in consequence of inflammation. In such cases, however, I have employed cantharides internally with the greatest benefit.

In some cases, I may remark, of retention of urine; from whatever cause, there often originates in the urethra the most violent spasm, to remove which, the evacuation of urine is alone necessary. For this purpose, Surgeons have been in the habit of puncturing the bladder in different places, sometimes above the pubis, sometimes in the perinæum, and at other times by the rectum. Either of these operations usually relaxed the spasmodic action of the urethra, and the urine flowed in the natural way; but certainly a fair trial of internal medicines and external applications, as long as we can with safety delay puncturing the bladder, with properly regulated attempts to introduce a catheter or bougie, have not been made, and where other means were successful, the operation would have been by these means neither so hazardous nor so formidable.

### CASE.

On the 25th of August, 1807, I, for the first time, visited a Gentleman, aged 50, who, after hav-

ing exposed himself to cold and dampness, while in a state of intoxication, was, in a few hours after, affected with some difficulty of voiding urine, rapidly increasing in severity

On the 26th, he became much alarmed, and I ordered for him pills composed of camphor and opium, a scruple of camphor and two grains of opium to be taken daily. On the same evening, he passed urine in a full stream. To prevent constipation from the operation of the medicine, I likewise ordered him to use a laxative pill every night at bed time.

On the 30th, as the opium produced very obstinate constipation, I ordered him to omit it, and to take the camphor by itself.

Till the 7th of September, he had no return of his complaint, except early that morning, when he was most violently seized by it. He said, that, on the previous evening, being warm and fatigued, he had drank, very rapidly, about two pints of porter, and, in about two hours after, he experienced a difficulty in voiding urine. He, on the same evening, felt as if his urine flowed easily along the urethra, till it came to about half an inch from the orifice, where it stopped; and, immediately after, he felt the most excruciating pain darting along the whole course of the urethra. The spasm was so violent, that, without tearing the parts, neither a bougie nor catheter could be introduced; and as the principal obstruction seemed to be near the external orifice, I ordered, in addition to the camphor pills, a blister to be applied along the under part of the penis, from the scrotum forward, which entirely removed the obstruction, and he again passed urine freely and without pain. He observed, that a draught of cold liquor, particularly if fermented, always brought on an attack of this complaint, and that the camphor pills, with the warm bath, as regularly removed it. His whole system now became very irritable, and the slightest exposure to irregularity in living, brought back the

symptoms of his complaint, at least, in a slight degree.

About midnight on the 19th, he was seized with almost complete retention of urine, which caused indescribable uneasiness, and at 7 o'clock of the following morning, when I was sent for, he could not void a drop of urine, and was nearly in a state of delirium. His bladder, however, was not distended; but, from time to time he felt the greatest inclination to void urine, without the power of passing a drop. His pulse being very full, I took from him two pounds of blood, which exhibited strong marks of an inflammatory diathesis. I likewise ordered him a cathartic, and applied a sinapism to the perinæum, and a large blister over his sacrum. In two hours after, his water came away in drops, attended with the most excruciating pain; and in 12 hours from the time I visited him, he had voided two ounces of urine. His pulse still continued full and strong, and I now took from him an additional pound and a half of blood; in an hour after, he voided urine with more freedom than he had done for many hours before, though it still was attended with considerable pain.

On the 21st, the blister on the sacrum rose well, and he then voided urine with as much ease as if in perfect health. His pulse, however, was still very full. On that morning, while voiding urine, he made an attempt completely to empty his bladder, and, immediately after this, he experienced a recurrence of the spasm. To prevent this in future, I desired him to make no such exertion, and ordered the cathartic to be repeated.

On the morning of the 25th, I found this patient in great agitation of mind from the dread that his complaint was about to resume its former violence. He now felt an almost constant inclination to void urine, which uniformly came on almost immediately after a violent passion of the mind on the preceding night, but had nearly gone off again, when,



during this night, he had an involuntary emission of semen, and was immediately seized in this way. I desired him to inject some oil into the urethra, and, after taking a cathartic, to recommence the camphor pills as formerly directed. Before the evening of the same day, he voided urine freely, and in a full stream.

On the morning of the 27th, another seminal emission took place, which was immediately followed by a slight attack of the spasm.

On the 28th he followed the same plan as on the 25th, and was again well.

On the 5th of October, I made an attempt to introduce a bougie, but this could not be done without injuring the parts. The attempt was followed by partial spasmodic contractions of the urethra, and slight soreness in it for several days after.

On the 18th, after an attempt to introduce a catheter, which could not be put even within the orifice of the urethra, the spasmodic affection returned. A blister was therefore immediately applied to the perinæum, and a cathartic prescribed.

On the 20th, a large sized bougie was introduced as far as two inches, but would pass no further: it occasioned no pain, and was therefore allowed to remain several hours, when it was withdrawn, and the urine flowed in a full stream.

On the 21st, a catheter of a large size was introduced as far as seven inches, and being withdrawn, a large sized bougie was then introduced and allowed to remain a few hours. It occasioned only slight pain at the orifice of the urethra, and, when withdrawn, the urine then also flowed in a full stream. A slight puriform discharge was at the same time observable, and he had a fit of shivering during the night, which greatly alarmed him.

On the 22d, he continued feverish, and could not void a drop of urine; a blister was therefore applied over the pubis, but neither catheter nor bougie could be introduced.

On the 23d, he passed urine in drops, and sometimes in a very small stream, which was attended with great pain along the urethra; I therefore desired the cathartic to be repeated.

On the 24th, a large bougie was introduced, which stopped at one inch and a half from the orifice of the urethra; that however easily gave way, and it passed without interruption about six inches, where it was allowed to remain.

On the 25th, on withdrawing the bougie during the night, the urine flowed in a full stream, followed by a slight puriform discharge. It was then again introduced, and it stopped at the same place.

Early on the morning of the 26th, being affected with violent shiverings, he withdrew the bougie; they soon went off, and he passed urine with ease, and in a full stream.

On the 27th, he himself, with the greatest ease, introduced the largest bougie for seven inches and a half, and permitted it to remain almost constantly till the following morning, when the shivering fit came on, and he withdrew it. The fit continued for several hours, although he applied warm fomentations, and had an injection with *tinctura opii* administered per anum.

On the 29th, with only a slight obstruction at two inches, the largest bougie passed easily for seven, but could not be introduced further. A small cat-gut bougie was, however, passed into the bladder.

On the 31st, every time he withdrew the bougie, (and it was this day introduced to within an inch of the neck of the bladder) the urine flowed in a full stream.

On the 2d of November, he felt sick, and had a slight shivering fit. I however passed a full sized bougie into his bladder, without experiencing any remarkable obstruction. It excited severe pain, particularly about the glans, and when it was withdrawn

an hour afterward, the urine flowed freely, and in a full stream.

On the night of the 4th. he slept very little, and did not void urine so freely as the day before. The bougie was not again introduced till the 5th, when it was besmeared with tinctura opii and oil, and passed easily into the bladder without any other obstruction than a slight one at the orifice of the urethra.

From time to time this spasmodic affection returned, in a slight degree, for about six weeks, but never so severely as to prevent him from having a catheter, or a full sized bougie introduced into the bladder when found necessary.

It is to be remembered that the camphor, sometimes with opium, was continued during the whole of this case.

He has never (Sept. 1809,) had any return of his complaint.

## CASE.

July 1807. A Gentleman, aged 35, of a dark complexion, and very stout, applied to me about two years before this period for the removal of a gleet, which he conceived to depend on permanent stricture in the urethra. In answer to the questions I then put, he informed me, that although the stream of urine was of a full size, it had assumed various irregular shapes, which it never had before he was affected with this complaint; but, that he passed it without any pain or uneasiness. This varied state of the stream of urine gave me reason to believe that no permanent stricture existed in his urethra, and that it was only a spasmodic affection in consequence of gonorrhœa with which he had been frequently troubled.

I did not introduce a bougie to ascertain what seemed so obvious, viz. that there was no permanent stricture present. I therefore prescribed for him the



tincture of cantharides, but he used it irregularly, having very little hope of being benefited by it. He soon after went to reside in London, and, anxious about the state of his complaints, he assiduously perused every book he could find that treated of strictures in the urethra; and from them having determined to use the caustic, he immediately consulted a surgeon, who judiciously advised him to begin with the daily use of the simple bougie, which was easily introduced into the urethra, and after a few attempts, one of the largest size was passed into the bladder. About two weeks after the introduction of the largest bougie into the bladder, the discharge from the urethra increased in quantity, and became somewhat puriform; and, upon pressure being applied, he could feel constrictions in various parts of the urethra, which he never felt before the bougie was introduced. He was now assured by his medical attendant, that the caustic bougie alone could be of service to him, and that from its use he might expect a complete cure. It was accordingly had recourse to. The first application gave him considerable pain, but it completely removed one obstruction, situated about an inch from the external orifice of the urethra. Considerable inflammation of the glans penis, with blueness and swelling of the prepuce followed in a few hours, and the discharge, during the following day, was thick and yellow, and in very great quantity. An eruption then broke out over his body, and watery blotches and great swelling of his face and head, troubled him for several hours. This, with the blueness and swelling, abated in about two days, and the caustic was again applied; but what puzzled the gentleman was the formation of a new stricture, nearly on the same spot where the one existed previous to the first application of the caustic. This was also destroyed, and the same effects followed as on the former occasion. By the application of the caustic bougie four times a week, for seven months, every obstruction, from the

external orifice of the urethra to the bladder, was destroyed ; and all that time, a very great degree of inflammation was preserved in the parts, and consequently a puriform discharge. As new strictures were forming almost as quickly as they could be destroyed by caustic, he imbibed a notion that *he was constitutionally subject to permanent stricture*. At the expiration of seven months, the whole course of the urethra was so much contracted, and the penis incurvated to such a degree, that he could not, without the greatest difficulty, introduce the very smallest caustic bougie. This was a source of much unhappiness to him, as he now found, that the introduction of this instrument was absolutely necessary, in order that a passage might be formed for the evacuation of his urine ; and, from the great quantity of puriform matter which was discharged immediately after each application of the caustic, he conceived that a collection of pus had for a considerable length of time been daily forming near the neck of the bladder, for the necessary evacuation of which the caustic alone was useful. This deplorable practice was at length luckily discontinued, and the use of the smallest simple bougie resumed, and in two, or nearly three months more, he observed that the discharge from the urethra had disappeared. Thus was he unintentionally cured of his gleet. As the spasmodic affection of the urethra, however, still continued, I desired him to use, for a short time, camphor and opium in pretty large doses, and afterward to keep the parts gently distended by the simple bougie. He then, for several weeks, adopted this practice, and experienced the greatest benefit from it.

He now says he never shall again use the caustic, as he is convinced it was owing to it that he had suffered so much ; but the abettors of this practice assure him that, however much he may have suffered, he would have suffered more, had he never used

it, and that in expressing his opinions of the caustic bougies, he will only be ridiculed by the world, and can effect no other purpose.

### CASE.

A GENTLEMAN, aged 42, and very stout, was, four years ago, suddenly affected with violent retching, particularly when he coughed, to which he was very subject, or when he suddenly stooped forward. He, at that time, took medicines for the removal of these complaints, and was in a few weeks almost completely cured; but when he indulged in his *bottle*, the retching uniformly recurred, and continued to distress him for several weeks.

I was sent for in December 1806, to prescribe for a severe, hard, dry cough, with which he had been very much troubled for some time. He had no pain in his chest, and his bowels being costive, I prescribed a cathartic, and ordered him squill pills. I likewise desired him to inhale, from a coffee or teapot, the steams of vinegar and warm water every night; but when he attempted to do this, the retching became very troublesome, and he was obliged to desist. Within these few days, he had felt slight pain about an inch from the orifice of the urethra, but as this affection was attended with very little inconvenience, I did not order any medicine for its removal. He had, for sometime past, frequently been obliged, from torpidity in his bowels, to take cathartics; and he always observed that the sensation in the urethra became more painful during the operation of such medicines. After he had continued the use of the squill pills for a week, without any diminution in the severity of his cough, it was deemed necessary to apply a pretty large blister to his breast, which was kept open with ung. epispast.; but even this, along with the squill pills, &c. did not seem to relieve his cough and retching in the smallest



degree for more than a fortnight, when both these affections became less violent.

He was, on the evening of the 12th of January, 1807, affected with considerable difficulty in voiding urine, for which, altho' he applied clothes wet in warm water for several hours to the pubes and perinæum, it still continued to increase in severity. At length, however, he became much easier, and slept quietly till toward morning. On examining the urine he had past during the night, I found it completely coagulated like jelly, and he said it had the same appearance on the preceding night, previous to his going to bed, which alarmed him greatly. He never had any venereal complaint.

I prescribed for him pills principally composed of camphor with a small proportion of opium, so that about a scruple of the camphor might be taken daily, and I ordered a blister to be applied to the perineum.

On the 14th of January, the blister had not remained many hours, when he was much relieved; and voided urine freely, and oftener than once during the night, which had not, as formerly, the coagulated appearance. The pain in the urethra had abated, and the other complaints were getting better.

On the 20th, when the gelatinous appearance was not present, his urine deposited a great quantity of brown sediment; but when the urine was gelatinous, it was free from sediment: and when the retching or cough was severe, the pain and difficulty in voiding urine ceased, and uniformly became more severe when the cough, &c. ceased.

On the 27th, he had a slight return of the spasmodic affection; but it went off in a few hours, without his having occasion to use any remedy.

On the 5th of February, in consequence of his complaints in the urethra having returned with considerable violence, he had again been obliged to apply the blister to the perineum, which had again relieved him; but immediately after, the cough and

retching, as usual, commenced. Another blister was applied to his thorax, and I desired that both of them might be kept open with epispastic ointment. In ten days after this, the blister in the perineum healed, but that on the breast was kept open.

In May, none of his complaints had troubled him, and I desired him to allow the blister on his breast to heal. In September 1809 he had no return of his complaints, and he enjoyed a state of excellent health.

### *Of Permanent Stricture.*

More than an hundred years ago, the application of caustic to the urethra was by no means an uncommon practice. It was soon after, however, laid aside by general consent; yet, during that period, we are not assured that the existence, either of permanent or spasmodic contraction in the urethra, was more common in consequence of laying aside the caustic; but, on the contrary, it would seem, from authors saying little on the subject, to have been less so in early times, when the caustic was unemployed, than in the present day, when the caustic *cannot be wanted*. Indeed, such is our present rage for that practice, that one can scarcely walk into a country apothecary's shop, but he can tell you wonders, (and I have no doubt of it), that he has wrought with it. It is sincerely to be hoped, for the benefit of mankind, that it will soon again be laid aside, except when absolutely necessary, which is very seldom.

The liberties which, upon this subject, Mr Home has taken with Mr Hunter's name, are greater than we might have expected. That gentleman's opinion respecting the application of the caustic for the removal of stricture was, though perhaps in some respects erroneous, much more scientific, less common, and, in a great measure, different from

the views of Mr Home on the same subject. Mr Hunter says, in page 118 of his book on the venereal disease, " If the case is such as to admit the end of a small bougie to pass, let it be ever so small, the cure is thus in our power." Mr Hunter thus found, that such cases were remediable, but he wanted a knowledge of the means by which he could have effected this purpose. Were, however, the gentlemen who have lately practised in this way, as scientific in their views respecting many points in the animal economy as Mr Hunter, many who suffer by the effects of the caustic bougie, might now be in tolerably good health.

The progress of Mr Home's practice, at least that part of it which he has ushered into the world, as a proof of the correctness of his reasoning, and of the *simplicity and ease* of such practice, is as follows :—His first essay was upon a small scale, and simple enough ; from Mr Hunter's respectability he gained applause, or at least, from that circumstance, he, on that occasion, escaped reprobation ; he ventured a little farther ; proposed something in addition ; but still, for the most part, on such occasions, he took care to shelter himself under the *wing* of Mr Hunter's well-earned reputation ; till at last, finding himself pretty nearly in a way that he thought warranted him to speak and act entirely for himself, he boldly asserted, that many of the more important diseases ascribed by nosologists to other causes, depend entirely on stricture in the urethra.

I give the consulting surgeons of London, in general, every credit for the superiority of their powers in the performance of the most difficult operations. Indeed, I believe, that at present they are, with the exception of one or two individuals, superior in that respect to any in the world. But in the discrimination of diseases, I would reverse the statement ; for I really think, that the proportion of them who can do this well, is not so great as might naturally be expected.



Medical men, with their hands combined with the heads of some of those in other parts of the world, would have the most decided success, as well in reasoning, as in the performance of many operations, which, in their divided state, are but clumsily managed.

Mr Sharpe, I may observe, when treating of the subject of strictures in the urethra, informs us, that "at present, it (the caustic) is universally condemned, and has been so almost since Saviard's time. His objections to the use of caustics, were the difficulty and almost impossibility of directing them, so as to eat through all the diseased parts of the urethra, without destroying the sound parts; *the impracticability of preventing the urethra from contracting when it healed, as much if not more than it was at the time of applying the escarotic,* &c." To the authority of Sharpe and Saviard, against the indiscriminate use of caustic, I may add that of Paré, Wiseman, Le Dran, Astruc, Pott, and many others, whose respectability and eminence cannot be questioned. These objections may with equal justice be always urged against this practice, even where parmanent strictures are formed, and far more so when we find it indiscriminately applied, where there is no permanent stricture at all; nor will even the authority of Mr Home, for the *ease* attending its application, and its *safety*, overturn them. The authorities quoted, to men who know how to reason, have always been as good as Mr Home's, and will probably remain as long so.

Mr Whately has, in his defence of the application of caustic, attempted to draw a comparison between its effects and that of the more active medicines used internally; but the comparison is not fair; we can dilute the medicines, and use them in any quantity we wish, but we must use the caustic in full quantity, and in its greatest strength and activity.

This gentleman, however, has, in his pamphlet on Mr Home's practice, given a very neat condensed view of the effect of Mr Home's bougies, in his treatment by caustic of obstructions in the urethra. His criticisms seem correct, and are certainly those of a gentleman and a man of liberality; yet even he, in some of the cases subjoined to these criticisms, has used the caustic in pure spasmodic stricture, and consequently subjected the patient to much unnecessary distress. Mr Whately justly objects to Mr Home's introducing the caustic bougie into the bladder, from the chances of carrying along with it, and depositing in that viscus, any of the liquified caustic. This is an objection which certainly deserves consideration.

In a note in page 36, of Mr Wadd's pamphlet, he informs us, that "to a gentleman, with whom he was well acquainted, it (the caustic) was applied *upwards of fifty times* to a supposed stricture near the neck of the bladder. *When he died, the obstruction was discovered to have arisen from an enlarged prostate gland. The caustic had eaten an inch into the substance of the gland.*" Many other instances of a similar kind, he informs us, might be enumerated. Yet it is passing strange, that on reading Mr Home's book, we find the application of the caustic neither occasions *pain* to the patient, nor *difficulty* to the surgeon.

Communications which I have lately had from many parts of the country, respecting these diseases of the generative organs, prove, that the caustic bougie had in them not only been unsuccessfully applied, but had, in some instances, created the most afflicting and irremediable distress, to which it was possible to reduce an unfortunate patient. In others, where this practice was not carried so far, I have easily removed their complaints by the instantaneous adoption of more simple means.

Even allowing all the cases Mr Home oper-

ated for with his caustic bougies, to have been permanent strictures, the frequent recurrence of affection, always in an aggravated degree, and the necessity there was, in some instances, of applying the caustic often for a great succession of years, (*several hundred times in some instances,*) completely prove, that from such an application, we have no right to expect a radical cure, except in the very slightest cases, and that only, when the contracting power has quite abated.

Were no other mischief to follow the application of caustic to the urethra, but the *excessive* hemorrhage, which is confessed, even by authors who are advocates for this barbarous practice, to be a very frequent occurrence, that alone would deter any one from its constant use. These authors, however, talk with much coolness, even when six or eight pounds of blood have been discharged in this way. Various cases are related by them of the *ease* and *safety* of such bleeding. Mr Wadd, however, very properly takes another view of the subject: "In one case," says he, "after the eighth application of the caustic, on withdrawing the bougie, I was instantly covered with blood, which came out, with a jet, nearly equal to the flow of urine. I must confess, whatever those accustomed to such accidents may think of it, that I was greatly alarmed; and as it happened in my own house, it was the more embarrassing; pressure and cold applications were used in vain, and it was some hours before it became sufficiently moderated to allow the patient to be carried home in a sedan chair. The bleeding continued at intervals, for several days; and it was *five months* before the patient, who was a foreman in a manufactory, had recovered his strength sufficiently to resume his station." "However far," Mr Wadd properly remarks, "habit may teach a surgeon to regard these circumstances with indifference, he will not so easily succeed in making the patient, or his



friends believe there is no danger, and that extreme debility is a matter of no consequence."

Mr Carlisle informs us, in the 3d volume of the Medical and Physical Journal; that a young gentleman, to whom he applied caustic for a stricture, near the bulbous part of the urethra, had a hemorrhage produced by it, which continued *seven days*; in the two first, he lost *four pounds of blood*, and nearly as much afterwards. Mr C. has heard of some other persons who have actually *died* of this kind of hemorrhage.

Strictures, however, of a truly permanent nature, can only be removed by the various modes recommended by authors for their entire destruction; such as the various ways of applying caustic substances, and even some may probably require incision.

Mr Hunter conceived the caustic properly applied, only under the following circumstances: "First, where the stricture is so tight, as not to admit the smallest bougie to pass. Secondly, where the orifice in the stricture is not in a line with the urethra. Thirdly, where the passage has been obliterated by disease, and the urine passes by fistulæ in perinœa." Had Mr Home followed Mr Hunter in these plans of practice, and not taken him along with him, as he always does, merely to support him in his difficulties, he would perhaps have prevented many an unnecessary scene of misery to several unfortunate individuals.

I have found, that where *permanent* stricture *actually* existed, and where it was absolutely necessary to apply some substance for its removal, the mode either for application of the lunar caustic, or the *kali purum*, as recommended by Mr Whately, is preferable to any other with which we are *at present* acquainted. The first of these substances is secured in the form of powder, to the end of a bougie, by means of common glue, and before being applied

to the obstruction, has a thin covering of bees-wax laid over it. The other is introduced into a hole, about the size of a pin's head, made in a common bougie, and covered with hogs lard. Either of these substances, when applied for a short time to the stricture, is dissolved, and produces its effects by destroying it. In this way, the membrane of the urethra is not so liable to be injured, as in the other modes of applying caustic substances; but still it must, in many instances, suffer; for when the caustic becomes liquified, the disposition of all matter, and these in common with others, to run toward the orifice of the urethra, must greatly injure or entirely destroy the membrane, anterior to the stricture.

Even, however, where it has beyond doubt been ascertained, that permanent strictures exist, the use of internal medicines and external applications, during our attempts to remove them, are absolutely necessary. Because, in all such strictures, even of a permanent nature, there is, according to the time they have existed, some degree of spasmodic action still remaining in them, which, in almost every instance, cannot suffer dilatation without these applications being previously made.

Still, any contrivance, however ingenious, for the application of caustic to strictures, must be liable to the insurmountable objection mentioned above. What I allude to, is the impossibility of preventing the caustic, liquified by the moisture of the parts, from spreading over and destroying an extensive and healthy surface, particularly anterior to the obstruction. This, apply the caustic in what way we may, cannot be avoided; and this ought, with other very forcible reasons, to deter us from using it, unless where the most unequivocal marks of *permanent* stricture really exists. Even allowing the caustic to be applied in the most favourable way, the difficulty of destroying the obstruction without force is greater

than is commonly imagined. Under these circumstances, it labours under double the disadvantages of the common bougie, even when applied in the rudest manner; the force used in both is equally great, and, inert as the caustic may be rendered by the mucus of the urethra, which may prevent it from burning through a hardened and thickened stricture, it is still sufficiently active to injure, if not destroy, the delicate membrane anterior to the strictured part.

Fistula in perinæo, I believe to be sometimes occasioned by obstructions in the urethra, either of a spasmodic or of a permanent nature; but I have no hesitation in asserting, that the increased action brought upon the parts by perseverance in the use of the caustic, or even the bougie, for a great length of time, has been a more frequent cause of this disease, than either of the above.

When stricture in the urethra, either of a spasmodic or permanent nature, occasions a swelling in one or both testicles, this obstruction acts like a foreign substance in these parts; similarly to the use of too strong injections, which are very commonly the cause of the same complaint. The cause being withdrawn or removed, the testicles resume their healthy action, which, while it remains, no applications to these glands themselves can effect. Although, therefore, this should be the case, it does not, as is too often supposed, entitle any one, on the appearance of a swelled testicle, to thrust a bougie into the urethra, which can only cause spasm of these parts, which did not exist before, and to term this permanent stricture, and then to apply caustic for its removal. The properly regulated use of the bougie, even if spasm had previously existed, might have answered all useful purposes—I say the properly regulated use of the bougie: I do not mean its indiscriminate application; for in this unmethodical way of applying it, the swelling of the



testicle, so far from being removed, is often increased, and is more frequently produced by it.

In this place I decline giving a number of cases. The arguments I have used, and the opinions I have formed are here presented in a condensed view from the general range of those cases, which have, for years past, come under my observation.

## TREATMENT OF FISTULA IN PERINŒA.

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WHEN a collection of matter forms in the perinœum, we ought to open the tumour as soon as fluctuation is distinctly felt in it, and, after also laying open any small sinuses to prevent collections of matter, we may dress the sore by any stimulating ointment. In these, indeed, as in all other sinous openings, it is necessary to lay them freely open. By this means, provided there exist no obstructions, &c. as exciting causes, the sores heal very rapidly. But if a fistula has been of long standing, it is reasonable to believe, that the parts will not so soon recover healthy functions as when the fistula has lately commenced. The case may be a little more tedious, but when the callosities are obstinate, they may be dissected away or destroyed by caustic. When the irritation, which is sometimes produced by the operation, has subsided, we may occasionally introduce a bougie or catheter into the urethra or bladder, and, in a short time, the urine will come off by the natural passage.

Our next object is to pass a bougie along the urethra, and when this instrument can with facility be introduced into the bladder, it will be known whether the obstructing cause exists exterior or posterior to the opening, and we can proceed with our means of relief accordingly.

Where, then, this disease exists in consequence of obstructions in the urethra, they are commonly anterior to it, and ought first of all to be removed, before we even attempt to cure the fistula by any

other means. This obstruction alone being removed, often cures the complaint.

When this disease exists, in consequence of an affection of the general system, such as lues venerea, external applications, bougies, &c. can be of no service. We must either, in combination with or without them, use means for the destruction of the venereal taint in the body, and the sinuses will then easily heal

In that alarming and often fatal complaint,—a diffusion of urine in the body of the penis, we ought to be very prompt in our actions, as every moment is precious in the treatment of such a disease. Our first object should be to puncture the bladder, and preserve the opening, so as to prevent an accumulation of urine in the penis; and then, by scarifying the parts, with occasional pressure, we may evacuate what has been already collected. The disposition to mortification being very strong in this complaint, spirituous fermentations, and the internal use of bark, ought, during the whole course of it, to be freely administered.



## CHAP III.

## TREATMENT OF FEMALE ORGANS.

*Of Leucorrhœa.*

Here I shall endeavour to point out specifically those varieties of this complaint, and those occurrences and circumstances which demand a change or difference in the treatment.

All the medicines in the ancient or modern Pharmacopœias, and all other means, which either the caprice of the physician, or the predominance of the theoretical doctrines of any age could suggest, have, one might affirm almost without exception, been ineffectually employed to remove leucorrhœa.

But the substances which have deservedly maintained their character, as being most frequently useful, are the various preparations and vegetable productions denominated tonics, with the use, at the same time, of cold lavation, and astringent injections. In very high repute are the balsams, and the cantharides are said to be sometimes successful.

\* “As the leucorrhœa,” says Cullen, “generally depends upon a great loss of tone in the vessels of the uterus, the disease has been relieved, and sometimes cured, by certain stimulant medicines, which are commonly determined to the urinary passages; and, from the vicinity of these, are often

\* Cullen's Practice, Vol. II. p. 12.

communicated to the uterus. Such, for example, are cantharides, turpentine, and other balsams of a similar nature."

If we attend to the facts concerning leucorrhœa, which daily obtrude upon our observation, we shall find an easy explanation of that success and failure.

The complaint originates in an almost infinite variety of circumstances, and exists in every degree. Sometimes there is an attack of it from occasional grief or alarm, which spontaneously goes off, after a few days continuance; whatever remedies are used in such a case, seem successful.

In a family where I sometime since attended, a lady, much shocked at the death of a child, was seized with a most violent attack of hysteria; it continued, with little intermissions, for 24 hours; when the hysteria went off, a very copious leucorrhœal discharge began to flow; this went off in two days, and was immediately succeeded by a renewal of the hysteria, which was much less violent than the former, and went off gradually; nor did the leucorrhœa return.

This lady's menstruation had returned at shorter intervals, been more copious, and of longer duration, for the previous twelve months than formerly; and she had been subject to slight attacks of hysteria, but not to leucorrhœa.

I have found, after a copious menstruation, that leucorrhœa came on with dyspepsia, diarrhœa, and fainting; and this was completely removed by cathartics, followed for a few days by the moderate use of wine and bark.

In other instances I have met with this complaint, even of considerable duration and obstinacy; not accompanied, however, with much debility of the general habit, but great constipation, and other symptoms of dyspepsia.

This also has completely yielded to the use of the most powerful cathartics; a pretty severe hys-

teria disappeared along with it, and the appetite returned, without any other means being employed.

Sometimes in young women, particularly servant girls, who have been subjected to cold in washing, during the flow of the menses, these have stopt suddenly; headach, pain in the loins, and general uneasiness have come on, with a flow of high coloured urine, and a puriform discharge from the urethra. This is removed by smart purging and diluent drinks, with cold lavation.

In one or two instances, I succeeded by copious venesection along with these means, because, on account of the violence of the symptoms, I did not conceive myself warranted to trust to the former means alone.

A case of the same nature occurred to me, which afforded me an instructive lesson. A young woman complained that her menses had intermitted at the last period; she had found herself drowsy, sluggish, unwilling to move, and had a sense of weight in the back and loins; her bowels were kept pretty open, and she was ordered to walk about and force herself to be active.

She continued to follow this plan, but her menses did not return.

She was of a florid complexion, but slender make, and stooped a little; a yellowness began to appear about her eyes, the mouth, and on the forehead, and the drowsiness became worse. At this time she happened to be much terrified by something or other; and in the same night the menses returned, and continued for the usual time, but were more copious, and her complaints seemed entirely removed. In a week or two, she was affected as before; and when the time came at which the menses were expected, they did not appear. The drowsiness became worse; powerful cathartics did but relieve her for the moment; indeed, she was affected with a



degree of stupor which seemed to demand immediate relief.

Accordingly, I took 16 ounces of blood from her arm; she fainted, and was much indisposed all night, but next day she was greatly better, the menstrual discharge returned; and she continued regular and in perfect health, and is so still, I believe. It is now several years since this occurrence took place.

I bled her; but ought I to have concluded from this fact, that copious venesection is the only remedy for chlorosis?

Surely it would have been equally judicious, if, on account of occasional success, I had pronounced smart cathartics, wine and bark, and venesection, to be, separately and indiscriminately, the proper remedies for leucorrhœa.

There can also, I may observe, be no question that amulets, charms, or whatever can inspire confidence, will powerfully assist, and, in slighter cases, perhaps, alone induce a cure.

Now, it will not be difficult for us to see, why the tonic remedies should maintain their character in preference to others, since it is universally agreed, that this disease is, for the most part, one of want of tone, not only in the uterus, &c. but in the organs of digestion and nutrition; and that, by promoting and invigorating the functions of the stomach and intestinal canal, we also restore that of the uterus; these means, indeed, are always to be employed, before we have recourse to the more active, unless the urgency of the case require the more prompt and efficacious measures.

But because leucorrhœa resisted all these means, it has long been classed among those irremediable evils which put fortitude to the test.

Hoffman, who was among the first that clearly perceived the absurdity of the humoral pathology, with some justice, perhaps, attributed the general inveterate obstinacy of this disease to physicians

neglecting the atony of the uterus, the depraved digestion, the general emaciation and debility; from the belief that this affection originated in the vitiated fluids.

Since his time, however, our pathological doctrines seem to be better founded; yet the practice in this complaint has not proved much more successful.

I shall now detail the result of some part of my practice in this disease.

### CASE.

A LADY of small stature, aged 25, mother of five children, who were all still born, or died immediately after birth.

Her general appearance indicated languor and debility, her eyes were peculiarly dull and heavy, her pulse feeble.

I was informed that she had laboured under fluor albus for five years and a half, and the attack commenced about two months before the birth of her first child.

At that time, she informed the surgeon of the family of her complaint, who prescribed bark and wine, in the use of which she persevered, from the hopes of recovery, till disgust made her desist. After the delivery of her second child, she was advised again to try again the bark and wine, which she continued to take till they produced nausea and vomiting, and the very idea of them was loathsome to her. But no permanent alleviation of her disease had ever occurred during the use of these, or any other remedies which sapient mothers, or experienced old women, had persuaded her to take. Her complaint had gradually increased in violence, and was now almost intolerable.

She said she understood that a complete cure was scarcely to be expected, but she would under-

go almost any degree of suffering to obtain alleviation.

The pain of her back was excruciating, her appetite impaired; and, so far from being able to walk, she could not even stand or sit, without the utmost uneasiness.

The discharge *per vaginam* was so copious and incessant, that, though she used clothes, &c. she was always afraid of being in company, lest the floor should show her condition. In addition to all which, she was frequently attacked by paroxysms of hysteria.

The discharge was of a glairy appearance and consistence.

During the whole time of the disease, the menstruation had been regular and natural; and what is worthy of remark, the fluor albus was more violent during pregnancy than at other times.

The patient said, that the flow was not in uniform quantity; and that an unusually great discharge was always preceded by an excruciating pain in the situation of the kidneys, on which occasion she always had the distinct sensation of something flowing, as it were, downward from the loins, and the cloths applied were found wet with the discharge.

I prescribed the tincture of cantharides, which she continued to use, with the occasional use of an injection, for nearly three months. During this period, her complaint underwent various changes, being sometimes even much worse than before the use of the cantharides; but becoming pregnant, and her complaint being nearly removed, I desired her to discontinue its use.

This pregnancy was attended with circumstances very different from those of any former one, shewing, that some remarkable melioration had been operated in her constitution.

In her former pregnancies, the leucorrhœal discharge was exceedingly abundant; in the present,



after the two first months, the discharge resumed the glairy appearance, but was never very copious. In the former, she was much afflicted with uneasiness in her back and loins, and a very distressing sense of langour and weakness of the whole body; in the present, she was lively and active, having no other cause of complaint than what was common to her with other women in her situation; in short, the motions of the child were more distinctly perceived by her, and her health infinitely better.

She was delivered by Dr Hamilton, Professor of Midwifery, of a stout and healthy female child; her former children were still born, or died soon after birth. Her labour was of short duration, and much more painful than formerly.

Her milk generally resembled thick pus, now it is quite natural. Her cleansings were very copious, and resembled tar; now they are as is usual to women after delivery. Pains in her back, and feebleness, distressed her severely, long after her former deliveries; but at present, she is exempt from these, and she and her child are doing extremely well. Since this, she has had two other stout children, which are both alive, and well, and the lady herself enjoys the most perfect health.

## CASE.

AN UNMARRIED LADY, aged 20, of delicate habit, pale, feeble, and emaciated, complains of all the symptoms of a far advanced leucorrhœa, of nearly four years continuance.

The menstruation observes the regular period, but is usually copious and distressing; and, at this time in particular, she is subject to attacks of hysteria.

Influenced by that delicacy peculiar to her sex, she long concealed her situation from any medical man: but at length she was prevailed on to allow a statement of her case to be submitted to the

judgment of a near relation of her own, practising medicine in London. He ordered the loins to be bathed every morning with cold water, holding salt in solution. This practice for sometime seemed beneficial; but, on its being intermitted or neglected in the least, the malady always recurred, with much aggravation; on which account she ceased to employ it; and the disease having imperceptibly undermined her constitution, there was considerable apprehension for her safety. She at last consented to adopt any plan of medical treatment that might be proposed, as the means of recovery.

In this case, Dr Gregory, Professor of the Practice of Physic in this University, was consulted, who deemed this a fair opportunity to try the power of the cantharides, which, I had informed him, I found to be a very effectual remedy in similar instances.

For this patient I therefore also prescribed tincture of cantharides. This she continued to use at least two months, when her complaint entirely disappeared.

Although she was some months after affected with other debilitating complaints, the leucorrhœa did not return.

## CASE

A MARRIED LADY, aged 35, a very tall and slender woman, was affected with this disease: She appeared extremely debilitated, or rather almost exhausted, had had four living children, and two abortions.

She had a very favourable recovery after the birth of her second child, and at that time the leucorrhœa commenced.

Her first child died at 15 months old, two abortions followed the birth of her second, and after this, she had two children, each at the full time, but they were both very sickly and delicate. She had

not been pregnant for two years immediately preceding.

The discharge *per vaginam* was glairy, in great quantity, and almost incessant.

Her menses observed the regular periods, but were of extraordinary quantity, and attended with excruciating pains, which generally commenced a few hours before the flow.

Agitation of mind increased the leucorrhœal discharge, and it was always much worse during pregnancy.

Her urine passed with difficulty, was tinged of a brown colour, and sometimes contained a matter of the appearance and consistence of the leucorrhœal.

She used nothing but a little Holland's, diluted with water, which she was persuaded to do by her midwife, who informed her that her complaint was a gravel.

I prescribed the tincture of cantharides, and in a fortnight the discharge ceased. She had, for two or three weeks afterwards, when exposed to fatigue, a slight return of the discharge, but on removing the cause, it soon disappeared. In the beginning of the following year, about a year after she begun the use of the cantharides, she bore a fine healthy child, and remained quite free from her complaint.

## CASE.

A LADY, aged 28, uncommonly tall, and of slender habit, had been married nine years, before which she had a slight attack of leucorrhœa, but soon afterwards she became pregnant, and it disappeared.

The child was born at the full period, and lived only four months. On the loss of the infant, the mother was seized with violent hysteria, which was immediately followed by a renewal of the leucorrhœa. Ever since that time the flow had continued, almost



imperceptibly augmenting, and she has been frequently subject to very violent attacks of hysteria; but, about four weeks ago, the quantity of the discharge was of a sudden greatly increased, accompanied with exquisite torture in the situation of the kidneys.

Her menstruation was of regular occurrence, but for some months preceding very scanty. She seemed very much enfeebled and emaciated; and was so weak in the joints of the lower extremities, that she was often unable to stand.

Her surgeon and midwife informed her, that a permanent cure was not to be expected.

Bathing the parts twice a day, for some years, had never even mitigated the complaint.

When I was called to this patient, she concealed her real disease, but wished some external means to be used to remove an excessively severe pain in the lumbar region.

Alvine, and other discharges, she affirmed, to be regular and natural.

I learned, however, from a female domestic, what afflicted our patient; and by telling her of her danger, and that there might still be means found to restore her failing constitution, she informed me of the circumstances above related; but added, that she could not understand what connection there could be between that complaint and the dreadful pain in her back. After assuring her, that these pains were very common under such circumstances, I prescribed the tincture of cantharides for her, which she continued to use about a month, when her complaint had entirely disappeared.

This lady had, for two or three months, slight returns of the discharge, but they entirely disappeared, by the use of a small quantity of the cantharides, accompanied by the use of the cold bath.

*Cases of Leucorrhœa, attended by or causing other Diseases.*

CASE.

A LADY, aged 29, of a very delicate form, had been married 12 years, and had had two children; but six years ago, a few weeks after the birth of the youngest, she was affected, for the first time, with leucorrhœa, which, being uncommonly profuse, troubled her very much. If her mind was in any way agitated, which very frequently happened, her complaint was always aggravated in a great degree for several days. For the last three years, she had suffered much from weakness in her loins, and from severe pains in the situation of the uterus, and the discharge had been of a thick yellow consistence. Bearing down pains, too, as they are called, were often indescribably irksome to her, and from time to time, darting pains in these parts troubled her. She had likewise been for about three years affected with an eruption on different parts of her face, which was the complaint I was first consulted about, when, two months ago, I was desired to visit her. She did not inform me, of her being affected with leucorrhœa; I therefore prescribed a solution of the muriate of mercury in alcohol, to wash the affected parts with twice a day, which removed the irruption; it however soon recurred, and the same application was again had recourse to, with the same beneficial effect. On the 1st December 1807, I was informed of her being affected with leucorrhœa, and of the other symptoms connected with it, above described. I prescribed for her, tincture of cantharides half an ounce, water six ounces: a table spoonful to be taken four times a day. She continued the use of this medicine, according to the above direction, fully a fort-

night, before she was sensible of an effect being produced on her urinary organs. She was likewise desired to employ cold lavation. A small augmentation of the dose of the cantharides occasioned a good deal of pain during the night, while in bed, but this abated before morning.

On the 18th, she had continued the use of this medicine in sufficient doses to produce some degree of pain in voiding urine, and the pain was often considerable, particularly toward evening, which she partly ascribed to her want of caution in the use of the medicine. She thinks the discharge is less in quantity than formerly, and she is much less distressed with the bearing down and shooting pain across the loins. I have therefore desired the cantharides to be continued.

On the 24th, from incautious exposure to cold, she had for two days suffered a good deal from pains in different parts of the body, somewhat similar to a slight rheumatic affection, and she thinks the discharge is rather augmented in quantity. I ordered the cantharides still to be continued, but desired her to omit the cold lavation for a few days.

On the 26th, acute pain in the situation of the kidneys had troubled her since yesterday; the pain also in voiding urine had been troublesome, but the discharge was undiminished in quantity. I therefore ordered the cantharides to be continued.

On the 2d of January 1808, the eruption on her face, formerly described, had considerably abated, but the leucorrhœal discharge was undiminished. Pains in her back were very troublesome. I have ordered the cantharides to be continued, and as the pains formerly mentioned had left her, I desired her to recommence the cold lavation.

On the 4th, she had suffered a considerable deal of uneasiness from the cantharides during the two last days, particularly toward evening. She had likewise constantly felt a prickly sensation in her fingers;



and a soreness in her face, and the pain also in the situation of the kidneys had been very troublesome. I ordered the cantharides to be continued only in small doses.

On the 10th, the discharge had greatly diminished since last report, and, instead of that peevishness which once was so irksome to herself, and distressing to others, she feels contented and happy, comparatively speaking, to what she had been for many years. I therefore ordered the cantharides to be continued.

On the 17th, the discharge was small in quantity ; it however constituted the only symptoms of her complaint ; all her other distressing feelings having undergone a complete revolution for the better. The eruption on her face was now gone, and her appearance bespeaks a greater degree of health than she confesses she ever expected to enjoy. I desired the cantharides to be continued.

On the 20th, she suffered violent agitation of mind, in consequence of which she was very sick on the following morning. I, however, desired the cantharides to be continued.

On the 22d, the discharge returned with very great violence, and the same kind of pain, which she originally felt in her back, likewise returned. I desired the cantharides to be continued.

On the 1st of February, a succession of unpleasant circumstances had agitated her mind since last report ; the discharge was now worse than ever, and all her original complaints had returned in a violent degree. I ordered the cantharides therefore to be continued, and cold lavation to be used.

On the 3d, her complaints were again beginning to abate, yet her state of mind was by no means favourable for their removal. I desired the cantharides, &c. still to be continued, and three or four glasses of wine to be taken daily.

On the 8th, all her complaints had again abated, except the discharge, and the eruption on her face was almost completely gone. The cantharides, however, were continued.

On the 16th, from unavoidable circumstances, her mind was still very much distressed, and she invariably observed, immediately after such an occurrence, that she had a regular recurrence of the discharge. The cantharides were continued.

On the 26th, no alteration had appeared in the discharge since last report ; but the pain in her back had greatly abated. The cantharides were still continued.

On the 1st of March, the discharge continued as above described. Three days preceding this, she had struck her ankle against a table, and bruised it considerably, and in one part abraded the skin. The inflammation of the wounded part had become violent, and I ordered it to be poulticed.

On the 4th, inflammation and pain of the leg had still continued to increase ; I therefore desired her to omit the cantharides for a few days.

On the 10th, the sore was nearly well, but since she left off taking the cantharides, the leucorrhœa had been worse. The cantharides, however, were still discontinued, and the sore dressed with simple ointment.

As, after this date, no material alteration in the daily reports of the case occurred, I deem it unnecessary to insert them. I may only mention, that this patient continued the use of the cantharides till the 1st of June, when the discharge had completely abated for more than two weeks. She was now, in every respect, in a better state of health than she had been for several years, and the eruption on her face had disappeared. I desired her to continue the cantharides in small doses for a few days, and to use the cold sea bathing.

This lady has since had a stout healthy child.

## CASE.

A MARRIED LADY, aged 32, eleven years ago, bore a female child, and soon afterward was affected with very profuse leucorrhœa. She had had no children since. She suckled the child for ten months, during which time she never recovered her former strength. The first appearance of her menstruation after having nursed the child, was of much smaller quantity than formerly, yet still it observed the regular periods. She had been informed by some sage matrons, that the discharge of leucorrhœa was natural to her, and that every woman had it less or more: They even adduced arguments in proof of its being necessary to the preservation of her health, and that she ran the greatest risk of her life if she attempted to stop it! Thus influenced, she never attached to its existence any consideration of importance, but attributed the pains in her back, which she began to be troubled with, particularly about three years after the commencement of the disease, to other causes than this. She was now affected with general lassitude, accompanied by hysteria, and was advised by her former medical attendant to go to sea-bathing quarters, which improved her general health very considerably; but she experienced no good effect from it in the removal of the leucorrhœa. Finding this the only remedy from which she derived any benefit, she had recourse to it regularly every season, but still the leucorrhœa continued in greater quantity, and she at length became gradually more debilitated, notwithstanding the sea-bathing. About five years ago, her menstruation recurred every three weeks, and in very small quantity at a time, and she was continually troubled with a distressing weakness in her loins. From time to time, too, she felt pains darting down her thighs, and soon after this an eruption of purplish coloured pimples, unattended



by any pain, broke out on the under part of her face, which resisted the effects of a variety of substances given for their removal. She was now advised by the surgeon who attended, to use bark and wine, which she did in great quantities, and he, at the same time, prescribed an injection for the removal of the leucorrhœa; but although at first the use of the bark gave her a better appetite, neither this nor the injection had any effect in removing the leucorrhœa. She soon became disgusted with the bark and wine, yet she persisted in its use, being repeatedly assured that it would remove her complaint; nausea and vomiting, however, at length followed every dose of it, and she laid it entirely aside. The leucorrhœa still became more troublesome, so that she was constantly obliged to wear cloths, and she at length endeavoured to reconcile herself to her hard fate. She was sometime ago advised to put an issue in her arm, for the removal of the eruption on her face, which had assumed a very unpleasant appearance; and, eager to embrace every chance of alleviating her complaints, she placed great dependence on this application. When I was consulted about this patient, she gave me the above history of her disease, with the means which had been unsuccessfully prescribed for its removal. I conceived, from having met with similar instances, that the smallness of the quantity, and the frequent recurrence, of her menstruation, as well as the eruption on her face, depended, perhaps entirely, on the leucorrhœa, or rather on the state of body which occasioned it, and that the issue in her arm could have no good effect. I therefore ordered her to heal it, and prescribed for her, on the 16th of November, tincture of cantharides half an ounce, water six ounces: A table spoonful to be taken four times a-day. She took one spoonful at mid-day, and before the evening, when she intended to take the second dose, she was affec-

ted with great pain in passing water; evidently in consequence of her having taken a single dose of the medicine. She however, took the second, and suffered considerable pain during the night. These sensations abated in the morning and she had taken the doses regularly during this day, the 17th, without any return of the pain till the 21st. Although she had regularly taken ʒij. of the tincture each day, she had not, except almost immediately after the first dose, experienced any pain, when she felt slight uneasiness with a more frequent inclination than usual to void urine. She thought the quantity of the discharge had abated considerably, and she expected her menstruation to appear four days before, but it did not. She however experienced no inconvenience in consequence of this, and I desired the cantharides to be continued.

On the 23d, slight cough, with pain in the head, had troubled her for two days, and I desired her to take a small tea-cup full of an infusion of camomile flowers thrice a-day. For the alleviation of the cough I likewise desired her to inhale the steams of vinegar and warm water, morning and evening, and to continue the cantharides.

On the 25th, the above symptoms had disappeared, and her menstruation came on this evening immediately after she had been taking an airing a few miles in a carriage. The cantharides, &c. were continued.

On the 28th, menstruation had ceased, and she found the discharge somewhat abated. The cantharides were still continued.

On the 1st of January, 1808, she had, since last report, experienced a good deal of pain from the use of the cantharides, but this had never been so severe as on the first day, after taking only one dose of that medicine. She frequently experienced pains in her head with general debility, which proved very troublesome for a few hours. She had, in such states, ob-

tained partial relief from the use of purgatives, and once or twice, when these failed, she derived great benefit from the use of a strong tincture of gentian root, these symptoms evidently having their origin in the stomach. The eruption on her face was now much less than formerly, which gave her great hope of recovery, as always, on former occasions, it became greatly worse for nearly a fortnight after her menstrual period. She now took 3 drachms of the tincture of cantharides each day; which produced very little uneasiness, and I have desired that medicine to be continued.

On the 7th, the discharge was becoming evidently less in quantity; but she complained of great weakness, and very little exertion fatigued her. She could now take the cantharides only in small doses, owing to its effects on the urinary organs, and her urine was very high-coloured, when she was affected in that way by the cantharides.

On the 9th, she took rather too large a dose of the cantharides, which kept her very uneasy for several hours.

On the 11th, a great deal of membraneous substances had come off since the preceding day, resembling a quantity of chaff floating in her urine. I desired the cantharides to be continued in smaller doses.

On the 19th, the discharge had abated gradually since last report, and she now felt greater inclination to walk abroad, than she had done since a short time after the commencement of her complaint. The cantharides were therefore to be continued in rather larger doses.

On the 20th, she was suddenly alarmed by an unexpected occurrence, and her complaint, almost instantly, became much worse. She now began to despair of getting well, and it was with some difficulty I could prevail on her to continue the cantharides. She however at length consented.



On the 26, since last report the discharge had gradually abated, and she was nearly in the same condition as before the 20th. Menstruation commenced this day. I desired the cantharides to be continued.

On the 2d of February, the discharge had almost entirely disappeared. She had taken too large doses of the cantharides three or four times this day, and toward evening she felt severe pain in passing urine. I desired her to discontinue the cantharides.

On the 6th, the pain had abated, and the discharge was scarcely perceptible. I however desired her to take the cantharides, but in very small doses, and likewise three or four glasses of wine in the course of the day.

On the 8th, the discharge had entirely disappeared, and the eruption on her face was much better, but it had not entirely disappeared. The cantharides were still continued in small doses.

On the 10th, the discharge had recurred in considerable quantity, attended by pain in the lumbar region. She could not account for this; but by another member of the family, I was informed that her mind had been considerably agitated for two or three days before. This agitation of mind has uniformly had the effect of bringing back the discharge in almost every case of leucorrhœa that I have met with, particularly in ladies who are easily affected in this way. The cantharides were continued.

On the 18th, the discharge was scarcely perceptible. The cantharides however were continued.

On the 24th, menstruation commenced, and she thought that the eruption on her face was worse than it had been for several months. As the discharge had not entirely abated, I desired the cantharides to be continued.

On the 10th of March, the discharge had lately varied in quantity, but it had never been nearly so bad as it was originally. I desired the cantharides to be continued.

In the beginning of April, the discharge had gradually abated, and was now entirely gone. Cold sea bathing, small doses of cantharides, nourishing diet and gentle exercise, were desired to be used for a few weeks.

On the 6th of June, there had been no return of her complaints, and the eruption on her face had disappeared along with the leucorrhœa, except one single pimple, which I have no doubt will be entirely removed before the sea-bathing season has elapsed.

October 1809. This lady continued free from all her complaints.

### CASE.

Mrs —, aged 35, a little delicate woman, and mother of two children, being poor, was at each birth obliged to endure many inconveniences while in child-bed; and when last in that situation, nine years ago, she was, almost immediately after delivery, actually obliged to employ herself at some kind of work for the support of her family. While making a sudden exertion, she felt something about her loins give a sort of crack, but she was not sensible of any great inconvenience from it, except that the lochial discharge, which was before moderate, now increased in an alarming degree. This terminated in an almost constant and profuse flooding, which for several months after continued to distress her. During its continuance, she was bled and purged most unmercifully, but without deriving any benefit from them; on the contrary, she was sensible of the daily diminution of her strength. About two years afterwards the flooding became less violent, though still very troublesome; and about three years ago, she observed, in the intervals between its appearance, that there was a constant glairy discharge, in considerable quantity, and this, with the flooding, attend-

ed by excessive pain, which, from time to time still continued, and had reduced her very much.

For eighteen months past, the leucorrhœa had been excessive, pains in her back had likewise been very troublesome ; cough, and pains in the breast, with great general debility added to these, had indeed rendered her existence a burden to her. There was, too, a parched dryness all over her skin, of which she complained very much.

I prescribed tincture of cantharides for this patient, 30 drops to be taken in a little water thrice a day.

For two months she continued to follow the above direction, and the leucorrhœa and flooding had completely disappeared. She had no pain in her loins ; the parched state of her skin, with the cough, had left her, and she was in every respect perfectly recovered.

Four months afterwards she continued free from pain, and was in much better health than she had been at any time since the commencement of the above described complaints.

## CASE.

A YOUNG LADY, aged 13, had, from her birth, been affected with leucorrhœa and incontinence of urine. The leucorrhœal discharge had, especially of late, been constant, in immense quantity, and consequently excessively troublesome. The incontinence of urine was most troublesome during the night while in bed ; and although, previous to its approach, she was sensible that it was about to trouble her, she was still unable to prevent it. This lady was of a delicate form, but not so much emaciated as, from the continuance of such complaints, might have been expected.

As she had been habitually costive, I prescribed, on the 24th of September, pills composed of equal



parts of extract of hyocianus and aloes ; and, on the following day, I prescribed the tincture of cantharides.

On the 2d of October she, for the first time, suffered slight pain in voiding urine. The leucorrhœal discharge seemed rather less in quantity, but the incontinence of urine was unaltered.

On the 7th, the leucorrhœal discharge had stopt, and, for 24 hours previous, she had had no involuntary discharge of urine.

On the 10th, the leucorrhœal discharge and incontinence of urine, had both returned, and were as bad as before the exhibition of the cantharides. I therefore desired that this medicine should be continued.

On the 13th the leucorrhœal discharge had again subsided, and the incontinence of urine had considerably abated.

From the evening of the 14th, till the morning of the 17th, she had no incontinence of urine, but then it became as profuse as ever.

On the 19th she complained of uneasiness in her stomach, and loss of appetite. I therefore desired that the cantharides should be omitted, and that rich soups and wine should be taken freely, and cold sea bathing be used.

On the 21st the leucorrhœal discharge and incontinence of urine had recurred in a slight degree ; she then thought herself even worse than before the administration of cantharides, which, the complaints in her stomach having abated, was now recommenced as formerly.

On the 24th the leucorrhœa was entirely gone, and the incontinence of urine had greatly abated. I ordered the cantharides still to be continued, cold bathing to be used, and moderate exercise in a carriage to be taken.

On the 26th, on getting out of bed, the leucorrhœal discharge returned in considerable quantity.

This she attributed to the effect of a cathartic which she took the preceding night. The discharge was always increased when she took such medicines. There occurred, however, no incontinence of urine. I have desired the cantharides still to be continued.

On the 28th, very early in the morning, she suffered much from pain, from having used the cantharides rather liberally during the whole of the preceding day, and there was a slight discharge, but no incontinence of urine. I however desired that the cantharides should still be continued in small doses, with wine, exercise in a carriage, and, independently of the advanced state of the season, cold bathing.

On the 29th, although no discharge nor incontinence of urine had recurred, yet I ordered the cantharides still to be continued.

On the 31st the discharge, immediately on getting out of bed, was in alarming quantity, but there was no incontinence of urine, nor had she any discharge during the day. I desired the cantharides still to be continued.

On the 11th of November, she first, since last report, perceived a slight discharge on getting out of bed, but there was none during the day. I still desired the use of the cantharides to be persevered in.

On the 13th, she suffered considerable pain from having taken the cantharides rather freely. There was, however, no discharge nor incontinence of urine, and I desired that the cantharides should be continued.

Till the 16th, she every morning had a considerable quantity of leucorrhœal discharge. This sometimes began even before she got out of bed, but continued only about half an hour after she arose. Still, however, her general health was much improved. Owing to the inclemency of the weather, I now desired her to omit the bathing, but ordered the cantharides, &c. to be continued.

Till the 26th the leucorrhœal discharge had continued about half an hour every morning till now, when there was none.

On the 6th of December, there had been no discharge since last report. I however desired that the cantharides, &c. should still be continued.

Till the 20th the discharge had occasionally been troublesome, but now it was scarcely perceptible. I still, however, desired the cantharides to be continued.

On the 28th the discharge had again become greater in quantity, but, independently of this, her general health was very good, and, within these few months, she had become much taller and stouter than usual. I ordered the cantharides still to be continued.

On the 13th of January following, the discharge had continued to vary in quantity, but even at its worst it was trifling, compared to what it had been before the use of the cantharides. Anxious to recover rapidly, she had lately taken larger doses than usual of the medicine, from which she suffered considerable pain; but this, soon abated, and I desired the cantharides to be continued in moderation.

On the 8th of February she had for some days past been very easily affected by the medicine, so that very small doses of it occasioned considerable pain in voiding urine.

On the 1st of March her complaints had greatly abated, as scarcely any discharge was perceptible. She had recommenced the cold sea-bathing four times a week, along with the use of the cantharides in small doses.

In August following, she had entirely recovered from both these unpleasant complaints, and had become remarkably stout. She had taken no cantharides for about two months, and I did not desire her to recommence it.



## CASE.

Mrs ——— aged 30, of a delicate habit of body, was married several months before her menstruation, and about two months after it commenced, she became pregnant. During the fourth month of gestation, she had an abortion, followed by a considerable flooding, which, though severe while it lasted, abated in a few months without the use of medicines. Five years afterwards, she again became pregnant, and bore a healthy stout child at the full time. She observed, for several months, that two or three days before and after menstruation, she had a thin glairy discharge; but in the interval, this did not trouble her in the slightest degree.

About the beginning of the year 1807, she again became pregnant; in the fourth month, during the frost, she fell down stairs, which was immediately followed by violent flooding, and in a few days after, by an abortion. The midwife who attended her, used much violence in bringing off the placenta, to which my patient attributed the excessive flooding that for nearly three months afterwards distressed her. Abstinence from every stimulating substance was, by her medical attendant, strictly enjoined, because they would irritate the parts, and increase her complaints; but affusion of cold water was plentifully applied. From this treatment she derived no benefit, and at length desisted from this application. The flooding spontaneously left her a month ago; and for a few days about that time, she had a very great leucorrhœal discharge. Her complaint was now thought to be consumption of the lungs, and treated as such till the 26th of December, when I saw her for the first time.

For nearly four months past, she had lost, almost completely, power over her right arm; pains in every part of her body, but particularly in her back, had been most excruciating, and for several years she had been affected with hysteria to an indescribable extent. Her bowels were very costive.

As she did not appear to me to have consumption, I conceived, from the symptoms of her complaint, that this state of extreme debility was intimately connected with the diseased action of the generative organs, and I immediately altered the mode of treatment. I ordered her half a pint of wine a-day, and desired her to take such soups as the weak state of her stomach would admit. I likewise prescribed the tincture of cantharides, and an aloetic pill, to be taken occasionally.

By the end of March following, this patient had completely recovered from all the above distressing complaints.

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### *General Remarks on the Treatment of Chlorosis, Dysmenorrhœa and Menorrhagia.*

THE removal of those diseases of the female organs of generation, as restoring the general health of the patient, is of great importance; but what, in common with the disease of the preceding section, renders their cure incalculably important, is the restoration of the lost functions of those parts by which our species are propagated.

The treatment of these complaints has been various, regulated rather by accident, or the whim of the moment, than by the success attending it, or by any fair mode of reasoning by the physician. In consequence, therefore, of this complete want

of success, these complaints have been considered as incurable, unless, which was only likely to happen in very slight cases, some favourable change accidentally took place in the constitution of the patient; and indeed this was all that either the physician or the patient looked to for relief. Physicians, therefore, considering these diseases as incurable, instead of devoting their time to discover some successful mode of treatment, employ themselves in amusing their patients, by assuring them, that the various natural changes which, at certain periods of their lives, must take place in their system, will *probably* effect a removal of their complaints. Thus, in anxious expectation of such changes taking place, the patient's vigour of constitution is gradually yet surely wasted; and too often, without the arrival of the long and anxiously wished for relief, other diseases, consequences of the first, attack them, which, for the most part, only terminate with their miserable existence.

If one or more of these complaints be brought on by long continued, though slight leucorrhœa, our attention being principally paid to this last, and a complete removal of it effected, almost all the other affections will with it completely disappear.

Whatever may have originally caused chlorosis, dysmenorrhœa, menorrhagia, or leucorrhœa, and although probably the uterine vessels are, during such states, principally affected, yet we uniformly observe, with scarcely an exception, that general stimulants, applied for a length of time, remove all of them.

By considering these complaints of the female as totally different from each other, and recommending entirely a different mode of treatment for each, we not only fail in that success which is wished for, but we render the natural simplicity of such complaints extremely perplexing.



As menstruation depends on the general state of the system, all its derangements are to be considered as resulting from derangements of the system in general, and that, therefore, in the medical treatment applicable to them, general applications are to be adopted, and topical ones, at present almost entirely resorted to, to be avoided. General remedies are indeed sometimes resorted to, but they are, in my opinion, altogether inapplicable. If it arises from debility, the cold bath with general stimulants are to be had recourse to ; if from plethora, friction, depleting medicines, blistering, and abstraction of blood, in such quantities as may be best suited to the strength of the patient, must be preferred.

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Although Dr Cullen's mode of considering amenorrhœa or chlorosis, seems very judicious, yet, in his practice, there is a great falling off ; for the remedies he recommends, in suppression of menses, are either totally incapable of permanently removing general or local debility, or calculated, in a great measure, to encrease that very debility which he wishes to remove, such as purging, mercury, &c.

He forbids tonics and cold bathing, as they appear to him of ambiguous effect.

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The common practice of employing opiates and hyociamus, together or separately in dysmenorrhœa, may give temporary relief, but we cannot depend on them for an entire removal of the disease, except in the very slightest cases, or when it is principally of a local nature. From our disappointments in effecting a complete cure, by these substances, we have long been convinced of their inutility. For although temporary relief is obtained by their use, the same diseased state

of the parts still continuing, the return of the next menstrual period brings with it all the former symptoms perhaps in an aggravated degree, and the harassed and enfeebled patient, by the supervention of dropsy, consumption, or some other equally fatal disease, at length sinks under her accumulated sufferings. Practising with the remedies recommended by Dr Cullen, or indeed with any remedies, if they be suited to his general mode of reasoning in this complaint, will, I venture to assert, be unsuccessful, in every well marked case. When the disease has in a great degree deranged the general health, Dr Cullen seems to think it incurable. The only remedies he then recommends, are external or internal astringents, cold bathing, and chalybeates, which, and similar applications, I have repeatedly prescribed, and that to the greatest extent, in such cases, without deriving any thing more than temporary relief from them. Permanent advantage cannot be expected from them.

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Although, during the early stages of menorrhagia, if it occur, which it often does, in stout plethoric persons, when the pulse is unabated in strength, and when no apparent debility has been induced; in short, when all the other functions of the body seem unimpaired, and even when blood letting is indicated by the apparent fullness and inflammatory action of the system, the greatest caution, even at this period, ought to be observed in adopting blood-letting for its removal. Even the exhibition of medicines that may ultimately induce debility, ought to be resorted to with nearly equal caution. For even although these means may, in almost every case, remove the morbid discharge, I have often observed, that after such treatment, it was long before the patient recovered her usual strength, and she remained often for years subject to returns of

the menorrhagia, from the very slightest causes. But when such practice has been adopted, in weakly and debilitated habits, (for it is too often indiscriminately applied) the system is not only left in a dreadfully debilitated state, liable to almost continual flooding, but the most obstinate and troublesome cases of leucorrhœa that I have ever met with, have been brought on after the application of such means. The remedies, then, which Cullen recommends, are either hurtful, inactive, or of a trifling nature, and, upon the whole, by no means suited to the removal of such complaints. He forbids the use of all medicines that may irritate the parts. I think, however, what I have to state will completely prove that such remedies only, as Cullen thinks would irritate the uterus, are calculated permanently to remove such diseases; and that the chalybeates, &c. if deemed necessary along with such medicines, may be useful, but never can, except in the very slightest cases, effect a perfect cure.

If, during these complaints, which does not often happen, the pulse indicates inflammatory action, and the patient happens to be of a full plethoric habit, should cantharides be prescribed, I grant that it would require no difficult calculation to foretell what would be the result. Benefit must, under these circumstances, be evidently sought for from very different treatment.

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IN all these complaints, then, I believe the only medicines that can be employed with decided advantage, are those of a stimulating nature. Food and drink, as well as medicines, ought all to be considered in this way. In those affections, the uterine vessels are in a state of great disease; but it appears to me, that the general habit of body has been, and is equally deranged. The medicines,



therefore, to be employed, are such as will sufficiently affect the whole system, and the generative organs as a part of the whole.

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THE cases which I have lately seen, of what female patients call lumbago, are too numerous to be particularised ; many of them entirely depending on a diseased action of the generative organs, and can only be relieved by the removal of such disease. Although I have long been aware that pains, in many respects similar in their nature to lumbago, are very common in far advanced and very bad cases of leucorrhœa, for instance ; yet, till lately, I never have met with cases of leucorrhœa, where the discharge had always been of small quantity, indeed, in some cases, scarcely perceptible, and in these the most acute pains in the loins accompanied it.

Lumbago, then, so common in these diseases, has been improperly treated as a local affection, as chronic rheumatism, gout, &c. The unfortunate patient has been obliged to undergo, in vain, every variety of treatment recommended by authors for the removal of such complaints ; when, as might have been expected, want of success attended their labour. Even the horrible supposition of lumbar abscess being the cause of the pain, has been entertained, and bleeding, blistering, with the use of setons, have been obstinately persisted in for its removal. What might not seem very extraordinary, however, the patient remained uncured ; but when such means were applied as were suitable for the removal of the complaint, the rheumatism, or lumbar abscess, or whatever term they chose to give it, entirely disappeared.

I shall now endeavour to illustrate the preceding diseases, by the relation of a few cases.

## CASE.

AN UNMARRIED LADY, aged 21, of a delicate habit of body, menstruated at the usual period, without any symptom but such as are common on these occasions; and her health in every respect continued unimpaired fully two years: She was at that time attending a boarding school, and had exposed herself to cold and too much fatigue, in consequence of which her health suffered considerably. A few months after, her menstruation was greatly diminished in quantity, and, although it always preserved the regular period, was attended with most excruciating pain, particularly on the first day after its commencement. Warm applications, and sometimes friction, with an occasional laxative pill, were the only remedies she ever employed. From these, she derived only momentary relief; for, at each return of her menstruation, the same sort of applications were uniformly and necessarily had recourse to with similar partial benefit. In addition to her other complaints, she had, for more than a year past, been afflicted with most distressing sickness and retching, a day or two previous to the flow of her menses. This, however, in general disappeared on their approach. About this time, too, her other complaints likewise subsided considerably; but several days elapsed before she recovered from the great degree of debility probably induced by them. She never had any leucorrhœa.

When I was desired to visit this lady, I found her very much emaciated, of a very costive habit, with a fluttering and irregular pulse. Having been informed by her mother respecting the state of her complaints, I judged it improper to question her about them, as her feelings were of a very delicate kind. I explained to her mother what I conceived to be the nature of her complaints, and proposed to

try the effects of the tincture of cantharides in removing them. In order to obviate the costiveness, I prescribed a pill composed of hyocianus and aloes, and next day prescribed the tincture of cantharides. I ordered her to be bathed in tepid water every night, and a flannel or thick cotton shift to be worn in preference to any other. This practice was continued, though sometimes rather irregularly, till next return of the menstruation ; but there was no abatement in the violence of the symptoms above described. I now, with some difficulty, prevailed on this lady to continue the above prescription for another month. I desired her to take a good deal of exercise, on foot, and in a carriage. During the use of the cantharides, she never was sensible of any pain from it ; and at her next menstrual period she did not, as formerly, experience sickness or retching. The other symptoms, however, remained as before, and the cantharides were continued.

Three successive menstrual periods returned, and she suffered no uneasiness whatever. The only medicine which she then used, was the pills of hyocianus and aloes.

A year after she remained in good health, was much improved in her appearance, and her menstrual periods were regular and gave her no pain.

## CASE.

AN UNMARRIED LADY, aged 19, apparently remarkably stout, had her menstruation a few months before her fourteenth year. For about a year afterward, this evacuation continued perfectly regular, when, at some of the periods, it began to intermit, and occasionally to give her considerable pain. This irregularity was attributed (and probably with justice) to her habit of dressing very thinly, and of refusing to encumber her shape with dress even in the night air, or in cold and intemperate weather. Her



menstruation at length entirely disappeared, and, when I first visited her, she had had no appearance of it for about two years. Still, however, she continued stout, having no complaint but edematous swellings in her ancles every night before going to bed, which disappeared before morning; and she was occasionally affected with sickness and retching which distressed her very much.

In this state she applied to me, and her mother gave me the above account of the nature and progress of her complaints. As it is by no means an uncommon occurrence in our profession, for a slight effect to become itself a powerful cause, I, having seen many cases nearly resembling this, concluded that the exposure to cold had, which is by no means uncommon, affected the uterine system, and caused all the distresses which followed.

For this patient I prescribed the tincture of cantharides, of which she began by taking about half an ounce daily in water. In a fortnight, she was seized with pain and difficulty in voiding urine. She continued to vary the dose according to its effects on the urinary organs for three weeks longer, when a profuse fetid discharge took place per vaginam, and continued several days. I still, however, desired her to continue the medicine, and in about ten days the discharge entirely disappeared. She continued the medicine another month, when her abdomen swelled considerably, and she observed also that the swelling in her feet was considerably encreased; indeed so much so, that she could scarcely wear shoes. The swelling of her abdomen became at last so great, that she seemed like a woman at least seven months pregnant. I still, however, persisted in the use of the medicine, and advised her to use friction with the hand for the relief of the swelling of her feet. About a fortnight after this, the discharge again returned, and the swelling in her abdomen in about one day entirely subsided. The discharge, however,

continued several days more, and again disappeared ; but, all this time, she experienced no feeling, or had any appearance of a return of the catamenia. I still desired the medicine to be continued, as well as the friction, which seemed to produce very good effect in alleviating the swellings in her feet. She now felt pains, though not very severe, all over her body, as if she had been exposed to cold, especially about the region of the left kidney, over the left ovarium. and in her left breast, which at one time became blue as if bruised. Neither of these, however, were aggravated by pressure, and I desired her to continue the medicine &c. as formerly directed.

No remarkable alteration took place for about four months, except the frequent occurrence of pain in the left ovarium and left breast, which, as formerly, became blue, when, after continuing the medicine with the utmost patience, she had a slight appearance of the catamenia, attended with considerable pain. She still persisted in the use of the medicine, and in three months more, I judged it necessary to withdraw it, as, for two months previous to that, the catamenia had been, in every respect, regular and natural. Several months have since elapsed, and she still continues in perfect health.

### CASE.

A MARRIED LADY, aged 24, had her courses at the usual period, and was in every respect stout and in good health till about her twentieth year. During menstruation, she, about that time, was exposed to cold, and had got wet feet, which was the cause of her menstruation stopping before the usual period. Although for six months afterward, she had no discharge of this nature, her general health was not in the least degree impaired. She was then affected with flooding, which, independently of all the means she could use to stop it, continued incessant-

ly for three weeks ; but, instead of having the regular return of her courses, she was now ill once in three weeks, and, instead of their continuance being only three days, they continued now five, six, or seven days at each period. In May 1808, she was again, without any visible cause, affected with flooding, and when it stopped, she was affected with frequent headaches and sickness, accompanied by a frequent sensation as if she would menstruate, but this did not occur. She now began to increase in size, and her accoucheur assured her that she was pregnant, and what convinced her of the truth of this, was the sensation of a motion which she distinctly felt, and which resembled that of the foetus. Still, about the end of every month, she felt as if she was about to menstruate, and she had even a slight discharge, but still she encreased in size. About this time, she became weak, faint, and greatly debilitated ; and, about the end of January 1809, the bulky appearance, which she had been previously taught to believe owed its existence to pregnancy, suddenly disappeared in the course of a few hours without causing any discharge. She was now greatly enfeebled, and, about the beginning of March, when I visited her for the first time, she informed me, that for several weeks before, she had been in the habit of using a great variety of different medicines, but derived no benefit from them.

I conceived myself warranted, from the general circumstances of this lady's case, to prescribe the tincture of cantharides, to be taken at first in doses of about two drams daily ; she progressively increased the doses for about five weeks, when she could take nearly an ounce per diem. At this period, too, she had a return of her menstruation, which seemed quite natural, and lasted three days ; and a few days previous to this also, a curious circumstance occurred, which I cannot avoid mentioning in this place. In the early part of this la-



dy's life, when her menstruation was quite regular, she had always a sensation of fullness in her breasts a few days previous to the occurrence of the menstrual discharge, which went off when that discharge appeared. From her twentieth year till now, she never had had such feeling; but, a few days previous to the present return, the same fullness in her breasts occurred, accompanied by all the sensations which she usually felt when she was in good health, and when that discharge was natural. I still desired her to take the cantharides in sufficient doses to occasion slight pain; but now she felt that a much smaller dose was sufficient for that purpose than formerly. She, therefore, continued to decrease the doses, and about the expiration of another month, two drams per diem was a sufficiently full dose. I had desired her, for several weeks preceding, to use cold sea bathing, which agreed with her very well, and about the time she expected a return of her menstruation, she went to bathe. On going into the water, but not previous to it, she felt a sensation as if her menstruation was just about to return; she, however, continued in the sea for sometime after. On her return home, no similar sensation affected her, but still she continued to use the cantharides; the fullness of her breasts, however, frequently troubled her, and from time to time, she felt as if her menstruation would return, but it did not. She had now become remarkably stout, as much indeed, if not more so, than ever she was in her life.

After continuing the regular administration of the cantharides for another month, anxiously expecting a return of her menstruation, and that her health would then be permanently restored, her disappointment was inconceivable, when the expected period elapsed without the smallest appearance of such discharge. Indeed, at this time, she did not experience even the slightest sensation, either in her breasts or elsewhere, which might give her hopes of

what she so anxiously expected. Still, however, she resolved to continue the use of the cantharides, a drām each day of which was now sufficient to produce as much pain in passing water as an ounce did formerly. The first fortnight elapsed, but she had no alteration in her feelings which might give her any encouragement to proceed, and she had now almost resolved to abandon the medicine. About this time, however, she again began to feel some degree of fullness in her breasts, which gradually encreased, and, in four or five days more, her breasts, still increasing in fulness, became painful, even to such a degree, that she could scarcely allow the weight of clothes to press upon them. After remaining in this state for about ten days more, her feelings exactly corresponding with what they were on similar occasions when she was in perfect health, her menstruation commenced. The discharge was quite natural in every respect, and also, as usual, continued about three days.

The sensation in her breasts disappeared with the cessation of her catamenia, and I desired her to continue the use of the cantharides; but the fulness in her breasts returned in about a week, and, in a few days more, became so very troublesome, that I judged it proper to withdraw the medicine. This had the desired effect, for the disagreeable sensation in her breasts subsided considerably, but still continued in some degree till the expiration of 29 days from her former menstruation, when she again had a return of the catamenia. This continued three days, and she is now, in every respect, in perfect health.

#### CASE.

A LADY, aged 25, had her menstruation at the usual period, and, after continuing regular for several years, went entirely off. Still, however, her

health continued unimpaired, and she consequently suffered no inconvenience from the above circumstance. I was desired to visit her in consequence of what she termed headachs, which had occasionally troubled her for fourteen months, and she remarked, that for the above period she had suffered considerable debility but no pain, except the headaches. For the two last months, however, she confessed, that from the frequent excruciating pains that affected her ~~rapidly~~ with her ~~increasing~~ state of debility, she was then in the greatest possible distress. Her bowels were constipated, her feet and ankles edematous, pain in her loins and head was almost continual, and, for the last few weeks, frequent and small evacuation of her menses, attended by excruciating torture, had almost reduced her to a state of delirium; yet headachs, according to her first statement, was her only complaint. This is one instance of the difficulty of extorting from some ladies the exact state of their complaints.

From the general state of debility in this case, I did not hesitate instantly to begin the free use of the tincture of cantharides. This medicine she continued for several months, gradually encreasing or diminishing the doses as was found necessary; when her menstruation became less frequent, and almost entirely unattended by pain. Her general health too recovered considerably, and I ordered her to go a few miles into the country, from which she has now returned completely recovered.

### CASE.

This case was, in the history of it, similar to the last. The lady seemed stout, healthy, and animated. Her pulse, however, was small, and only beat about 60 per minute. On this account, as the severity of the symptoms had not yet arrived at such a pitch as the last, I deemed myself fully warranted to use the



most active means for the removal of these symptoms before they arrived at such a pitch of disease. I consequently desired her to commence the use of the cantharides, which nothing but the fear of what might occur, induced her to comply with, as she then felt no inconvenience from her complaint. She therefore commenced, and in 14 days she had slight pain in passing water, from the operation of the medicine, and the following day there was a slight discharge, seemingly of the menstrual fluid, but it went off in about an hour. Under proper directions, she continued to take the medicine for three months, when her menstruation became perfectly regular and natural, and she had not taken any of that medicine for several months.

### C A S E.

Miss ———, aged 22, stoutly made, but very pale, and of a sickly appearance, was, when an infant, affected with great pain in the under part of her abdomen. This, from her indistinct account of it, was mistaken for a *bowel complaint*, and treated as such ; but she scarcely derived even momentary relief from any of the applications that were made. A few years after, she was better able to describe the nature of her feelings, and it was not till then observed that she was affected with leucorrhœa in a slight degree, with frequent darting pains all over the generative organs, which last sensation was equally sudden in its attack, and in its departure. Her urine was of the colour and apparent consistence of thick porter, and she uniformly experienced partial relief after discharging a quantity of it. Sometimes for a day or two, she remained free from pain ; at other times several weeks, without suffering much.

Her menstruation commenced when she was 11 years of age, but this was only partial, for a year elapsed before it continued regularly. Since that

time, her complaints have been more severe, and she has had more frequent returns of them than before the menstrual period commenced. Her menstruation has been very regular, but in astonishingly small quantity, and attended with very great pain about her back, and the lower part of her belly. While passing urine, it frequently stopped suddenly, and then she felt considerable pain, with a sort of convulsive shuddering all over her body. When this left her, she felt for several hours a general lassitude, and sometimes considerable sickness, and within these few months, she was seldom free from the most acute pain. She had used a great variety of medicines, but from them she derived no benefit. The cold and warm bath have been repeatedly employed, but both have been equally unsuccessful.

The long continuance of this complaint, with the variety of symptoms connected with it, rendered it a case of considerable difficulty. I, however, had previously seen such a variety of diseases of these parts, the causes of which could not be very satisfactorily accounted for, but which evidently existed in consequence of a diseased, for the most part diminished, action of the vessels connected with them, that I did not hesitate about its nature; and her pulse being extremely feeble, I thought it proper to proceed on the supposition of this being the principal cause of her complaints.

On the 8th of November 1807, I prescribed tinct. canth.  $\text{ʒss}$ . aq. font.  $\text{ʒvi}$ ; a table spoonful to be taken four times a day. About a week after, she felt slight pain in voiding urine, and I requested her to regulate the doses so as to produce this effect in a slight degree, but always to avoid taking it when the pain became severe.

On the 1st December, she had a return of her original complaint, for the first time since she began the cantharides; and although she thought it was equally severe, yet it did not affect her in the way

that it formerly did. The pain formerly seized her suddenly, and to a great extent, and its departure was equally sudden. Now, the grating and darting pain approached gradually, and went off by degrees. No other change had taken place in her complaints. I therefore ordered the cantharides to be continued.

On the 6th, she had a slight return of her complaint, and she suffered some pain from the cantharides in passing water. Eager to relieve herself from the disease, she very inconsiderately took larger doses of the cantharides, and in the evening she was seized with most excruciating pain in voiding urine, accompanied by the most violent hysteria. As she resided a few miles in the country, it was several hours before I saw her, when I immediately ordered the application of cloths dipt in warm water to be made to the abdomen, and at the same time, prescribed a smart cathartic. Before the following morning she was relieved from the pain, but suffered a great deal from general debility.

On the 9th she recommenced the use of the cantharides in small doses, and informed me that the leucorrhœa had completely disappeared.

On the 11th she had a return of her old complaint, but thought the pain considerably different in its nature from what it had been.

On the 16th she had several times, since last report, suffered considerably, in consequence of having used the cantharides rather freely; but without any application for the purpose, it gradually left her in a few hours. She uniformly observed, that when the pain or difficulty in voiding urine was severe, she had a slight return of the leucorrhœa, which left her when the pain went off. Her original complaint, compared to what it was, in severity, was now very trifling. The cantharides were still continued.

On the 20th, she had suffered considerably from pain in her head, and a sort of feeling as if her face



were swelled, particularly after taking the cantharides. I prescribed an infusion of chamomile flowers to my patient, and at the same time desired her to continue the cantharides.

On the 23d, she had experienced great relief from the chamomile, and she was scarcely conscious of the existence of her original complaint. I therefore ordered the cantharides and chamomile to be continued.

On the 1st of January 1808, this complaint had completely disappeared, and her menstruation, which took place a day or two before, only troubled her about an hour, and the quantity was also very trifling; even less than she ever observed it on former occasions. I ordered the cantharides to be continued.

On the 25th she had continued to take the cantharides since last report, except twice, when she omitted it for two or three days, and then she had a slight return of her original complaint; and when she took it so as to produce a good deal of pain, she always had a limpid discharge per vaginam. Her menstruation now again commenced without any pain; and I ordered the cantharides still to be continued.

On the 27th menstruation had stopt. At this time it had been in greater quantity, and continued much longer than usual. During the last day of it, however, she suffered a good deal of pain from the medicine. I therefore ordered the cantharides to be taken in small doses.

On the 10th of February, she had no complaint, except during sudden changes of the weather, when she had a slight degree of her original disease. I therefore desired the cantharides to be continued.

On the 12th of March, her complaints had entirely disappeared, and in her general health she was much better than ever she recollected having been. She had taken no cantharides for several weeks,

and I had not desired her to commence it ; her appearance was now much improved.

It is now confidently and widely asserted, that this patient had a cancer in the uterus, and that I cured it ; said to be the only instance of the kind ever cured. Unfortunately, however, for such reporters, the lady had no cancer in the womb.

In October 1809, this patient continued perfectly well.

### CASE.

Miss ———, aged 28, was, in early life, uncommonly stout, healthy, and possessed of an extraordinary share of animation. From sudden exposure to cold, about six years ago, after having heated herself by dancing, she was seized with rigours. Medical assistance was sent for, and she apparently recovered ; but when her next menstrual period arrived, instead of the flow, commencing as usual, without any troublesome symptom, she was, two days previous to its expected appearance, seized with very excruciating pains in her back, darting down her thighs ; and there was a semi-transparent fluid discharged *per vaginam* in considerable quantity. Two days afterwards, the acute pain still continuing, menstruation commenced, and in a few hours the pain in her back, &c. abated. Menstruation ceased, as usual, in four days, and she in every respect recovered her health, but pains of increasing severity continued to harass her for ten successive months, at each return of the menstrual period, and then, for the first time, she was affected with a regular leucorrhœal discharge. She at that time resided in London, and although most extraordinary quantities of different medicines were daily given her, she derived no benefit from them. About this time her general health began to suffer considerably ; and from the repeated failure of these

assurances of complete recovery, which she was daily taught to expect, she at length formed a resolution to take no more medicines. She became discontented, of an irritable temper, and was seldom entirely free from violent hysteric affections. She then came to Edinburgh, where some of her relations resided, and was again prevailed on to recommence the use of medicines. Among other prescriptions, she was purged without mercy, but still there was no abatement of her complaints; and at each return of her menstruation, the period of which still continued regular, the bearing-downpains, as they are called, were so distressing, that they almost threw her into a fit of delirium. At such times, she made use of prodigious quantities of laudanum, from which she experienced only momentary relief. She was now obliged to confine herself to bed, a week before and nearly a fortnight after each menstrual evacuation, during which times her sufferings were indescribable.

When I was desired to visit her, I found her in the greatest possible distress, and was informed by her mother of the above circumstances respecting her complaints. She was pale, but not in the least degree emaciated. It was a sort of paleness more frightful than I ever recollect to have seen in any person. Her feet and ankles were almost constantly edematous, and several of the nails of her toes had separated from her feet; and her hair had almost all fallen off. Her pulse was feeble and irregular. I proposed to try the effects of the tincture of cantharides, conceiving it, in this case, to be the only medicine that could be of service to her; but I had considerable difficulty in persuading either the lady or her relations to try any more medicines, as, from the disappointments they had already experienced, they expected no benefit from them. She, however, at last consented, and I prescribed a mixture, each dose of which contained ~~ss~~ of the

*half a Dram*



tincture of cantharides, which I desired her to take thrice a day. She gradually increased the dose, till she could use about ʒfs of the tincture daily, without suffering the slightest uneasiness in voiding urine; and this quantity she continued to take for the space of five weeks. In the interim, her menstrual period arrived, but there was at this time no alleviation of her former symptoms; she on the contrary thought, if possible, that they were aggravated. In a few days after, the effect of the medicine on her urinary organs was felt, but I did not see her till the following day. From the time that this effect was produced, till I saw her, she had not diminished the doses of the medicine, although I had desired her to do so when the above symptom became troublesome; and, in consequence of this omission, she was now suffering considerable pain. I requested her immediately to desist; prescribed a smart cathartic, and recommended the application of cloths dipped in warm water to the abdomen. Next day, this disagreeable sensation had abated, and was completely removed in the morning. The leucorrhœal discharge had increased in quantity, which alarmed her very much; and, owing to this circumstance, I had again some difficulty to prevail on her to recommence the medicine. Next return of her menstrual discharge was attended with pains equally severe as formerly; but the following curious occurrence took place at this time, which I never witnessed on any former occasion, or in any former patient. Instead of the leucorrhœal discharge being increased in quantity, it entirely disappeared one day before, and returned two days after the menses had stopped, with increased violence. The doses of the medicine were now taken in very small quantity, as the urinary organs were easily affected by it; and her pulse had now become full and regular. Next menstrual period was preceded by no pain, but it was considerable during the flow, and

the quantity of the menstrual fluid was, at this time, truly alarming. This, however, went off in five days, when the leucorrhœal discharge seemed greatly diminished. The severity of her complaint having now relaxed, I desired her to go into the cold bath thrice a week. She soon went into the country, and, from her habit in using the medicine, I requested of her to use it while she was there. I heard from her about five weeks afterwards, when she informed me that her complaints had almost all disappeared, and that her menstruation was not now attended by pain. She still, however, complained of great general weakness, and said that her appetite was very bad. I desired her to leave off the use of the cantharides, and to substitute for it bark and wine in pretty liberal quantities, and, when her appetite was somewhat restored, to add to these rich soup and nourishing diet.

This lady had not, at the end of six months, improved much in strength, nor had her colour, in the smallest degree, altered for a more healthy appearance, yet her leucorrhœa was gone, and her menstruation had become regular, and without pain, and although the hysteric affections were still very troublesome, she could now completely subdue them by the use of pills composed of assafoetida and opium.

In September 1808, this patient had completely recovered; her appearance was greatly improved; she could walk a few miles without being at all fatigued, and the hysteric affections only troubled her when her mind was violently agitated.

She is now, October 1809, in good health, not being troubled with any vestige of her former complaints.

#### CASE.

A WIDOW LADY, aged 45, was, till about two years ago, stout and healthy, when her catamenia

became irregular ; at times, not appearing oftener than once in three months, at others once a fortnight. She appeared as if several months gone in pregnancy. Her general health became gradually impaired ; her appetite failed ; her bowels were, for the most part, torpid, and a teasing cough, with difficult expectoration, distressed her every morning. She gradually lost her former healthy appearance, and became discontented and unhappy.

For the removal of these affections, she principally depended on change of situation, but this yielded only temporary relief, and that during the interval of her menstrual periods alone. When she consulted me, she was much debilitated, and willing to listen to any rational proposal for the restoration of her health. I prescribed the tincture of cantharides,  $\mathfrak{z}\beta$  of which I desired her to take in a glass of water thrice a day.

It may be unnecessary to give the daily reports of this case, as nothing uncommon occurred during the use of the medicine, but what was to be expected, and such as I have formerly detailed in other affections. I may, however, remark, that this patient continued it sometimes in larger, sometimes in smaller doses, for nearly three months, before she experienced any material advantage from its use. About that time the menstrual periods recurred more regularly, about once only in two months. She still continued to use the medicine, gradually, though very slowly, diminishing the doses, when all the complaints of her general system having left her, she left it off entirely.

In September 1809, she had no return of her catamenia these ten weeks, and she is in perfectly good health.

Several of the cases I have now and formerly detailed, cannot, according to nosologists, be put under any particular head ; their symptoms blend so intimately with each other, that, to divide them, in order to



make them suit a particular hypothesis, would be depriving the reader of the truth, for what might only be imagined to be the truth. I have, therefore, followed simple nature, which is seldom incorrect, and have detailed such cases only as may seem interesting or instructive.

As I have now collected, in the present work, the most important of those cases which I have, on various occasions, and in various places, published on the different diseases of which I have treated, which clearly illustrate the points I was most anxious to prove, I shall, in future, unless they be of a very rare nature, decline publishing any others, as I know that many persons, however general the detail may be, do not wish to have their cases taken notice of in books. Patients, influenced by these motives, have particularly requested of me, after the cure of their complaints, not to publish an account of them. The religious attention which I always pay to these requests, has thus prevented me from mentioning many curious circumstances connected with some of them, which could have been, with considerable advantage, delivered in the form of a case. Where this has occurred, I have inserted the general remarks, either on the nature or cure of such cases, according as the general circumstances respecting them required that they should be inserted at either of these parts.

From repeated observation, I may add, I now judge it proper, in all affections of the generative system of the chronic kind, to continue the use of the medicines by which we have effected a removal of these diseases, for a considerable length of time even after all the functions have resumed their healthy actions. When this is omitted, the complaint is extremely apt to recur in a slight degree, rendering it necessary to resume the medicine; but, when it is continued from three to six or eight weeks after, or, in very severe affections, for several

months, a return of the symptoms is rarely experienced.

I may conclude by remarking, that even were the cantharides to produce relief, in these complaints, only during its exhibition, it would still be a very valuable medicine. From experience, we find that it can be used any length of time, without, in the slightest degree, injuring the digestive organs, or the health in general. Certainly, therefore, although its constant use should be necessary, which fortunately is not the case, even the disadvantages attending this would be infinitely less than that the patient should be obliged to endure the complaint throughout the remainder of life.

## CHAP IV.

## TREATMENT OF GENERATIVE ORGANS COMMON TO BOTH SEXES.

## OF GONORRHŒA.

*General Observations.*

IT seems to me a task of the utmost difficulty, indeed almost of impossibility, to divide gonorrhœa into different stages, and regulate our practice accordingly. Some authors, however, divide it into the first, second, third, and fourth stages, according to the extent of the canal which they imagine to be affected; and this extent, they think, depends greatly on the length of time the disease has existed. I deem this, I say, an impossibility, as in various cases I have, in a few days after the first attack, found almost the whole canal, or at least a greater part of it, affected, while in others, although the disease had existed during several weeks, the pain, which probably indicated the extent of the disease at the time, did not reach more than an inch from the orifice of the urethra. These differences probably exist more in consequence of some peculiarity of constitution in the individual, than to any thing exclusively connected with the disease. While, therefore, this difference of constitution is so generally to be met with, an attempt to apply



general reasoning, when exceptions to general reasoning, and particular attention to existing circumstances, must entirely regulate our proceedings, is more likely to lead us astray, than properly to direct our proceedings.

It is fortunate, however, that, unless from bad treatment on the part of the medical attendant, or, what very commonly happens, from the thoughtlessness of the patient, or from the difficulty of managing those possessed of strong and ungovernable passions, gonorrhœa of itself is almost always an easily cured disease. Indeed, we almost always find that it is from the above causes alone, if we ever fail in curing it in a short time.

Certainly, then, in the cure of this disease, much more caution is requisite, than in general practice is bestowed on it. It is not uncommon for almost every one, whether of the medical profession or not, to conceive himself fully capable of removing gonorrhœa, and, under such conceptions, it is not usual for medical assistance, especially in its early stages, to be required for its cure. But I may observe, that there are few complaints, in its usual degree of severity, in the removal of which the chances of doing injury are so numerous.

The structure of the parts are, from improper treatment, extremely apt to be very seriously deranged. The delicate membrane, with the glands immediately under it, as well as the ducts leading from these glands into the urethra, may suffer various states or degrees of disease, from improper applications. Whether, if these parts should be totally disorganised, and incapable of being regenerated, or if they should only suffer partial derangement, which the powers of nature themselves may correct and restore to their healthy functions, is no argument in favour of such rude practice as may produce such derangement; for the abilities of a medical gentleman ought ever to be directed, not

only to the cure of disease, but to its cure in the very easiest way.

Mr John Hunter. however, was of opinion that medicine is very seldom of any kind of use in gonorrhœa. As this gentleman has gained too high an ascendancy to be neglected, I think it incumbent on me to consider this opinion of his somewhat fully.

\* “ As we have no specific medicine for gonorrhœa,” says he, “ it is fortunate that time alone will effect a cure ; it is therefore very reasonable to suppose that every such inflammation gets well of itself ; yet, although this appears to be nearly the truth, it is worthy of consideration, whether medicine can be of any kind of service in this form of disease. I am inclined to believe, that it is very seldom of any kind of use,” &c.

I suspect that these observations of Mr Hunter are rather unguarded. If we consider this inflammation, and its consequences, we shall not hesitate to decide, that it is to be treated on the same principle as other local inflammations.

The violence of the inflammation, to be sure, will for the most part abate spontaneously ; but then, atony of the organs of urine and generation, spasmodic constrictions, or even condensation of the membranes, with obstinate gleet, are the almost invariable results ; and with these also, an almost incalculable number of very troublesome and dangerous complaints, proportioned to the violence and duration of the previous inflammation. Thus, the cure will certainly be much worse than the disease itself. If, indeed, the gonorrhœa has been uncommonly slight, it may cure of itself ; but, in the common severity of such complaints, one form of disease is thus only changed for another, and a gleet, remaining for years, if not for life, will be a very probable consequence of an affection thus neglected. This

\* Hunter, Chap. IV. p. 69. on the cure of Gonorrhœa.

is but the first effect : the local and general debility which it causes, and all that train of inveterate symptoms which arises from such complaints, will inevitably follow. But the severity of these symptoms must greatly depend on the general habit, as well as on the manner of living of the person affected.

That gonorrhœa, however, will not completely cure itself, Mr Hunter soon acknowledges : for, in page 71, he remarks, “ When the inflammation has considerably abated, the disease only now remaining in a mild form, it may be attacked either by internal remedies, or local applications ; if it be attacked locally, violence is still to be avoided, because it may bring back the irritation. At this period, gentle astringents may be applied, with a prospect of success ; or, if the disease has become mild, and there are no signs of an inflammatory disposition, either of the common or the irritable kind, in order to get rid of the specific mode of action quickly, an irritating injection may be used, which will increase the symptoms for a time ; but when it is left off, they will often abate, or wholly disappear. In such a state of parts, astringents may be used ; for the only thing to be done is, to procure a cessation of the discharge, which is now the principal symptom.”

This is the very point where, if we have judged right, gonorrhœa ends, and gleet begins ; and where, of course, the stimulating plan should be adopted, with an activity proportioned to the debility that has been induced.

If Mr Hunter alludes to the fact, that the active inflammation will abate, and debility ensue, then, in this respect, gonorrhœa does not differ from other inflammations, and sores of every description : on this principle, we need not be told that gonorrhœal inflammation exhausts itself, for so will inflammation from every other cause. Mr Hunter elsewhere seems to be of this opinion.



In page 109, Mr Hunter says, " If any of these diseases arise from gonorrhœa, they are most probably not the consequences of any specific quality in the venereal poison ; but are such as might be produced by any common inflammation of those parts, as was observed of the continued symptoms."

On the constitutional treatment of gonorrhœa, (page 84) he abandons the notion of this complaint curing itself, and advises all the variety of the phlogistic and antiphlogistic treatment, as shall be indicated by the symptoms.

In the ambiguity of Mr Hunter's mode of expressing himself, we may often find contradictions equally evident. Which of the assertions ought to be believed ?

Although gonorrhœa, in almost every instance, terminates by resolution, that is to say, it terminates without producing tumor or ulceration, yet, like every other inflammatory disease, it may, from various causes, terminate in suppuration, render some of the affected parts scirrhous, or gangrene may even be induced.

It ought, during the cure of this disease, to be an invariable rule to use no stimulating food or liquors, to avoid exposure to great heat, and to abstain from all fatigue or violent exercise of any description, and particularly from riding on horseback.

### *Modes of Living.*

During the cure, so far as my experience has permitted me to judge, a strict observance of the mode of living is absolutely necessary ; indeed much more so than seems necessary during pox. We ought to be particularly careful to avoid all high-seasoned food, and live on the most simple and easily digested kinds. All spirituous liquors *must* be prohibited, and nothing stronger than small beer, spruce, or soda water, used.

Although, however, the use of spirituous liquors are almost always hurtful in gonorrhœa, I know a gentleman who has been frequently affected with that disease, who uniformly cures himself by being in a state of continual intoxication for several days each time he is affected in this way. By this means, he serves two purposes ; he gratifies his propensity for debauchery, and he cures his disease : perhaps I may add a third, he will soon ruin his constitution, and destroy his life.

During the whole course of this disease, all mucilaginous and farinaceous drinks may be used with advantage ; indeed they are perhaps the safest a patient can use. To these may be added, tea, coffee, &c.

### *Sea Bathing.*

In the course of gonorrhœa, cold lavation, and cold bathing in the sea, if it can be had, are of the utmost importance in every period of the disease. These seem, in short, general indications of cure in every degree of severity of the disease ; and, even in slight affections, these applications alone will effect a most perfect cure, without the necessity of injections or any other medicines.

### *Purgative and Laxative Medicines.*

With respect to the employment of purgative medicines during gonorrhœa, I may observe, that I never have found them useful, but, in many instances, they seemed to irritate and render the parts more uneasy than before their exhibition. But when there is considerable inflammation of the parts, and when the bowels, at the same time, require some laxative medicine, moderate doses of cream of tartar and nitre obviate these states in the mildest imaginable manner.

*Balsam of Copaiva.*

The administration of a few drops of balsam of copaiva, dropped in a little water, is of singular service during gonorrhœa, in removing irritation and ardor urinæ, which so frequently accompany that disease. But this medicine having been found of use in some states of this disease, has been applied not only in every stage of it, but also in gleet. Failure was not the only consequence, as the quantity used often deranged the digestive powers so much, that it required many months to restore them.

*Mercury.*

From the peculiar nature of the inflammation which constitutes gonorrhœa from impure intercourse, I believe many have been led, in drawing a comparison between it and similar discharges from other causes, to conceive this peculiarity to depend on its connection with lues venerea, and have acted accordingly. But had they been regulated in their proceedings by analogy, they would not have acted so. We know that the different kinds of inflammation on different external parts, arise from different causes, appear in different degrees of severity, and require totally different plans of treatment for their cure; yet no one has imagined, that in their removal, which is almost always effected by external means, there remains in the system any latent disease in consequence of them.

If it were even established, that the matter of venereal gonorrhœa, when absorbed into the system, committed ravages similar to those of lues venerea, the local means would need to be accompanied with the internal use of mercury. This would be the only difference between the treatment of such affections of the parts of generation as arise from the ve-



nereal virus, and those of the same symptoms arising from other causes.

I believe it has become a general rule *in practice* to cure gonorrhœa without the necessity of charging the system, as in chancre, &c. with mercury. There may perhaps be a few exceptions to this rule, but I believe they must be very few, and can only exist when the matter of gonorrhœa proceeds from a chancre in the urethra, the existence of which, except in the very rarest instances, is with me a questionable point. But when this state of the parts does exist, mercury is absolutely necessary for their removal.

### *Bougies.*

Mr HOME's treatment of gonorrhœa is extremely harsh and unwarrantable: Who, it may be asked, but one under the influence of the wildest of all whims, would ever attempt, in the extremely irritable state of the urethra, in the generality of gonorrhœas, to thrust a bougie along the whole or a great part of that canal? Independently of the disease which such treatment would in almost every instance induce, the pain occasioned by it would be almost insupportable.

Either in this stage of the disease, or when great irritation exists along the course of the urethra, which sometimes exists even before commencement of the running, or even after it has stopt, such a state must be treated with much judgment. It may, so far as my experience goes, be established as a rule, that either bougies or irritating injections, used at such a time, must do harm. They may encrease the disease, or, which is by no means uncommon, they may alter it for an affection of a more serious nature, but never will cure it.

In some cases, when the inflammation and irritation are very great, sometimes so much so as to affect the bladder, or even if these states have been brought

on by improper management, opiate glysters are of the very utmost benefit, and the warm bath may be used with great advantage. In some cases bleeding from the arm or perineum may be employed, but this must be done with the utmost caution, unless the patient be of a very full and plethoric habit. In such states of disease along the urethra or in the bladder, either during the discharge or after it has entirely subsided, the use of injections of oil, and the application of a blister over the loins, or rather in the perineum, are of the utmost service; and that which renders this application doubly beneficial, is, that it can be applied with equal advantage in a lax as in a full habit of body.

#### *Affection of Cowpers and Prostate Glands.*

When in gonorrhœa, which sometimes happens, the prostate and Cowper's glands suffer temporary enlargement; in the former, leeches applied to the parts, the moment the symptom is discovered, is the most adviseable practice, while, in the latter, a blister applied over the affected glands is more effectual. These, however, particularly the former, are not diseases of daily occurrence; indeed, they rarely occur unless in scrofulous patients, and even then, when the gonorrhœa has been very ill treated. I believe them indeed to be, in general, diseases more in imagination than in reality.

#### *Chordee.*

For preventing the exacerbation of chordee, a method which I have seldom found fail, if properly resorted to, is, to turn the penis upward over the symphysis pubes, and lay it there in a state of suspension by means of a circular bandage or ligature, taking care that it be very moderately pressed; and

that there be interposed a few folds of cloth between the penis and belly.

This, however, must be done when the penis is *quite flaccid*, otherwise the handling of it will the sooner bring on the attack ; but at any time during the severest chordee, flannel soaked in cold water, or in a solution of *acetis plumbi*, put round the penis, will remove it, and render that member quite flaccid ; and thus we can, whenever we please, prepare the penis for being so supported. This we might even expect to happen reasoning *a priori* ; for we know, that by reflecting the yard upwards, we diminish swellings and inflammation of the glans, by retarding the flow of blood to these parts : now, as we know that chordee only assails during erection, or, in other words, is the effect of an inflamed surface being distended in consequence of the influx of blood into the *corpora cavernosa*, it is not difficult to conjecture why the flexion of the penis should prevent chordee.

It often happens, that excoriations of the body of the yard, and glans penis, with active inflammation and chordee, all infest the patient at the same time ; in which case, flannel soaked in a solution of the *acetis plumbi*, and wrapped round the penis, together with the tying above described, never fails to mitigate the inflammation, remove the pain, and prevent the chordee ; in fine, very greatly facilitates the cure.

When there is considerable tumefaction, with pain in the whole or part of the penis, attended with chordee, the application of leeches, and afterwards of saturnine applications, are absolutely necessary ; but when the glans of the penis are simply swelled, which, in some advanced stages of the disease, exist even to a considerable extent, these applications will be attended with little or no benefit. I am sorry, that in the treatment of these indolent



glandular swellings on any part of the body, we are still very deficient.

*Swelled Testicle.*

Even during the existence of a weariness or kind of soreness in the testicles, I have never found injections do any harm, particularly if used with caution, and of moderate strength; but when the pain is severe, and the testicles are evidently swelled, injections in general increase the evil in a remarkable degree. This is the most frequent effect of improperly treated gonorrhœa, and it is most common in the early or inflammatory stage of the complaint.

Our first object in the removal of such an infection, is to avoid that by which it was caused. In addition to this, ease, low diet, &c., with a great deal of patience, are also absolutely necessary, and even, in severe cases, confinement to bed. Also the suspension of the testicles, with the application of leeches, and, when the bleeding caused by the leeches has ceased, folds of linen cloth-dipped in cold vinegar, a solution of acet. plumb. or in diluted goulard, and repeatedly applied over them, will be of the very greatest service. If the discharge from the urethra continues or returns, the means stated above, will require to be fewer and less tedious than where this has totally stopped. We judge, then, of this symptom beginning to abate, by the discharge from the urethra being increased in quantity; and however favourable other appearances, while no increase of discharge takes place, the disease in the testicle will continue. Thus circumstanced, we must have recourse to still more general blood-letting, proportioned to the strength of the patient; the application of an additional and greater number of leeches; assiduous attention to fomentation with the cold solutions, and cloths dipped in spirit of wine, and frequently applied over the affected part;

the greatest attention to the gentle suspension of the testicle ; the body kept continually in a horizontal posture, and taking some gentle diaphoretic medicine, are all pressingly necessary. Strict attention to these means will, in every instance, effect our purpose.

A relapse of this disease, toward the entire disappearance of the gonorrhœa, is seldom, or indeed almost never, equal in severity to the first attack. The testicle, I may mention, scarcely ever, from a state of inflammation, proceeds to abscess ; if it does, it must have been owing to neglect or bad treatment.

It will appear, then, that any application used in gonorrhœa, by which the discharge is suddenly stopped, is always improper. A return of the discharge in a few days, in an aggravated degree, is the simplest consequence of such treatment ; but more commonly such means cause swelling of the testicles, and, in addition to them, a diseased state of the lining of the urethra, thus laying the foundation of most obstinate glæet.

During swelled testicle, even from the first symptom of it, all injections should instantly be laid aside, as every means to suppress the discharge is at that time highly improper.

When the inflammatory action has in some degree abated, blisters may be applied with advantage. The testicle, even from the commencement of gonorrhœa, should be *gently* suspended by the bandage made for that purpose ; as it has always seemed to me at least, as proper to prevent a complaint, as even to cure it. This ought to be continued for several weeks after the inflammation has seemingly abated.

When a testicle thus swells, it is rarely necessary to extirpate it, as it does not, in general, even leave behind it any morbid hardness or enlargement, which does not ultimately entirely subside

*Injections.*

IN the generality of cases of gonorrhœa, I believe no such thing as ulceration exists in the urethra. But when that disease is accompanied by such a violent state of inflammation, which I believe may sometimes happen, as entirely destroys the organization of one or more parts; when, by the application of any irritating substance, such as bougies, the various kinds of injections, when made so strong as to injure the structure of these parts, or by employing an improperly formed syringe, I have no doubt that, under these or similar circumstances, ulceration may be formed. But still it can never be deemed a constant attendant, or indeed at all an attendant, on the generality of cases of that disease, as it is commonly met with in practice.

In gonorrhœa, especially from impure connection, and perhaps in similar discharges from other causes, the efforts of the system are unable to remove the diseased action which the urethra has assumed, and consequently we found it necessary to employ such measures, almost always in the form of injection, with the occasional use of internal medicines, which, while they in some measure allay the virulence of the local affection, give the system the power of restoring the diseased parts to their wonted vigour.

Many objections have been urged, and possibly with some degree of reason, against the use of the different kinds of injections in the cure of this disease; but, in our present state of knowledge, they really are the best applications, when judiciously applied, in the generality of cases, that we know.

As, then, I conceive injections to be the best method of curing gonorrhœa, with which we are *at present* acquainted, I should imagine their failure in effecting the purpose for which they were employed,



may, from circumstances already stated, be easily accounted for ; such as too great strength, &c. &c.

Perhaps, for the first two days in the treatment of every gonorrhœa, an injection of milk or oil ought always to be used. To begin with these too strong, occasions a partial destruction of the organization of the membrane, which can seldom, but with the greatest difficulty, be restored to its healthy state. These errors entirely rest with the medical attendant, who by care and proper instructions might have prevented such occurrences. Irregularity of living, and too much exercise, particularly on horseback, are extremely improper, and must at all times be very prejudicial during the existence of such complaints. These faults again entirely rest with the patient, and, unless guarded against, all the attention a physician or surgeon can possibly bestow, must be ineffectual.

We often find, then, from carelessness or rashness, that the inflammation of the urethra, and even of the whole penis, is greatly increased, and the discharge is stopped. If we again have occasion to use injections, one composed of milk and water, or Florence oil, will be preferable.

Lapis tutiæ, lapis calaminaris or alumen, either of them in the proportion of about two scruples to four ounces of distilled water, with the addition, particularly to the two former, of about an ounce of mucilage of gum-arabic, form very useful injections. For the same purpose, we may employ a decoction of oak, or Peruvian bark, or galls, with equal parts of lime-water. If these are made astringent, so as gently to affect the tongue, when applied to it, they form useful and safe injections. Gum-kino also, in the proportion of a dram to five ounces of boiling water, with the addition of a little mucilage, is a useful astringent injection. When the disease has abated considerably in its severity, but not till then, half a dram of tincture of cantha-

rides to six ounces of water, makes a useful injection.

In almost every injection, the addition of one dram of tinctura opii to six ounces of it, is attended with the best effects.

Those who maintain that gonorrhœa and lues of the same nature, recommend, for their cure, injections principally composed of preparations of mercury; conceiving that in this form, it is more calculated to act on and destroy the disease for which it is in this way applied, than any other sort of injections which do not contain in their composition some of the preparations of mercury. To enter upon a discussion of the particular relation which these diseases bear to each other, I have before stated, is not the object I at present propose to myself. I may, however, remark, that most medical gentlemen now cure gonorrhœa without having recourse to mercury in any one form; but, as injections composed of some of the preparations of mercury, are equally useful with those of another nature, such as muriate, or corrosive sublimate of mercury dissolved in spirit of wine, and afterwards sufficiently diluted with water; calomel dissolved in lime-water, &c. I am in the habit of occasionally using them with the very greatest advantage.

For this purpose, a dram of muriated quicksilver may be dissolved in an ounce of spirit of wine, and two or three drops of the solution being mixed with four ounces of water, may be used as an injection six or eight times a-day. It is almost always necessary, when this solution produces no sensation of heat in the parts, gradually and repeatedly to increase it one or two drops to each four ounces of the injection.

When calomel and lime-water is used as an injection, it may be proper to add to them some mucilage of gum-arabic. A scruple of calomel, four ounces of lime-water, and an ounce of mucilage,

and one dram of laudanum, then, forms a very good injection. The strength of this, however, like almost every other injection, ought, if necessary, to be gradually increased.

Were I indeed to enumerate all the injections in common use, each of which has its advocates, from some particularly advantageous quality which each is supposed to possess, I should be under the necessity of filling a volume on that subject alone. But this I deem quite unnecessary, as but a very few of them may answer every purpose for which they are intended. For my own part, I am fully satisfied with my success, from the occasional use of two or three of different sorts, to suit the different degrees of severity of the disease, and the peculiarity of habit of the individual who may employ them.

Those I have last mentioned, have for their basis a mercurial preparation, and the other two which I shall now mention, have for their basis a vitriolic preparation, viz. the vitriolated zinc and vitriolated copper. The first of these I prefer in the early stages of the disease. I use one scruple, with one ounce of <sup>*mucilage*</sup> gum-arabic, a dram of tinctura opii and five ounces of water. As usual I gradually increase the strength of this solution, till the quantity of the vitriolic preparation amounts to half a dram. The latter I prefer, when the discharge has nearly subsided, and when the last mentioned injection does not, which not unfrequently happens, seem to produce any beneficial effects on it. The proportions I find to answer best with the vitriolated copper, are, at first, about 10 grains, an ounce of mucilage, and five ounces of water. This also I find necessary to increase in strength, if it does not very speedily remove the discharge.

The best form of a syringe, is that with a conical point gradually becoming thicker for at least half an inch from the point. This is much prefe-



rable to those with a small point, which, as it is introduced some length into the urethra, is apt to rupture the part to which it is applied. The former, which enters but a short way into the urethra, when introduced into the orifice, has no chance of rupturing it, and steadily pressed forward, completely fills the urethra, and allows the injection more certainly to be thrown into the canal, than the other with the small point.

Every particular kind of injection for the removal of this disease, has had its abettors and supporters, more perhaps from some particular whim, than from unprejudiced, accurate, observation. Although in the list of those injections in common use, there certainly are some preferable to others, yet I have never seen any of them do material injury, if used in that degree of strength, &c. which is absolutely necessary, and from which alone we have any right to expect success.

I should, therefore, be apt to imagine, that the difference of opinion which have *always* existed on this subject, must have arisen more from the error of the physician, than from any peculiarities with which the substance itself was possessed.

Different constitutions being differently affected by the disease, certainly render it necessary for us to employ various injections; and different states of the disease, even in the same individual, often render it necessary occasionally to vary our applications. We are, therefore, if we mean to treat the complaint successfully, perfectly correct in changing the injection, to suit these different states.

Some practitioners of great eminence are wrong, in forbidding the use of sedative injections, till the inflammation of gonorrhœa has greatly exhausted itself.

If I may be allowed to speak from my own experience, I would affirm, that such injections are most conspicuously useful, when the inflammation is most

violent; and that, in such cases, cooling solutions are not only to be injected assiduously into the urethra, but flannel soaked in them, and wrapped round the penis, which is done with the best effect, and great relief to the patient, in chordée, phymosis, paraphymosis, &c.

To be sure, sympathetic buboes, or, at least, pain in one or both groins, are sometimes consequences of such active treatment; but these are in a few hours removed by a sponge wet with the same solution, and applied to the groin, together with the exhibition of a smart cathartic.

When a violent inflammation is present, we ought, both previous to and along with injections, to apply leeches to the perineum. Probably the variety of injections daily employed, act nearly on the same principle. This indeed is the only excuse for the indiscriminate use of so many of them as we find in common use in every stage of the disease. It seems to me, that the strength of these substances is seldom if ever properly regulated according to the states of violence or different stages of gonorrhœa. They are too often indiscriminately applied, and too often very erroneously; still it seems a good general rule to use them at first much weaker than afterwards, when the violence of the symptoms have begun to abate.

Every one must have observed, in the treatment of this disease, that, if the discharge be suddenly stopped by strong injections, or otherwise, the inflammatory symptoms at once become worse; the parts are, in a greater or less degree, swelled; chordée supervenes; and, until these symptoms are subdued by leeches applied to the perineum, or large emollient poultices over the parts, the symptoms do not suffer the least abatement, often for several days.

I have repeatedly observed, where it can conveniently be done, that, particularly early in the disease, weak injections used once every hour, are more



certainly and more permanently beneficial, than when used only twice a-day or so, and from their strength at each application, occasioning a considerable degree of pain. In the first, before the previous portion of injected fluid has ceased to act, the second is applied in this way, and the effect is never allowed to cease. Thus, they effect a cure without injuring the parts to which they are applied; but, in the latter, they less or more injure the membrane which often requires several weeks, or even months, to recover itself, under the most judicious treatment.

Indeed, from much experience, I am fully of opinion that no injection of any one kind ought to be used more than three, or at most four days. I have found that this plan of altering the nature of injections employed, and even, after using two or three different kinds, to return perhaps to the one which we first employed, is attended with the happiest consequences.

We ought not even entirely to abandon the use of injections the moment the discharge stops, nor is it necessary to continue them even so strong as late in the disease before the discharge has stopt; but we may, with the utmost propriety, render them much weaker than formerly, and continue gradually to dilute them till the discharge has disappeared during at least four days.

If, in a recent case of gonorrhœa, an injection be repeated for sometime, and if, at the intervals during the use of it, the inflammation appears to have subsided; if the discharge becomes somewhat thicker than formerly, which is usually a favourable symptom; yet if at this period the injection be withdrawn before the discharge has entirely ceased, in the course of a few days the inflammatory symptoms will again recover their force, and become as obstinate as before the use of the injection. It is therefore necessary, to a complete and permanent cure, that the venereal irritation be completely extinguished, previous to our leaving off the injection.



Much confusion has existed in practice, and does exist in the works of some authors, respecting the manner in which injections into the urethra act, in removing gonorrhœa. Many of them solely direct their attention to the alterations produced on the secreted matter, without once paying the slightest attention to the parts which secrete it. By this neglect, every thing that can be beneficial is overlooked. It is to the disease of the secreting surface alone, that we are to apply our remedies, and the various external applications, and internal remedies, must, by removing its morbid action, remove the disease.

I may observe, then, that they seem to produce their beneficial effects by altering the action already existing in the urethra, which may be done either by gently (and for a length of time corresponding to the inveteracy of the disease) stimulating the parts, or by acting upon them by their astringent qualities. For this purpose, weak injections, as already stated, answer best at first, and they may, under proper regulations, be either altered in their qualities, or increased in their strength, as the changes which take place in the disease indicate. On the contrary, strong injections at first will always be injurious, by disorganizing, in a greater or less degree, the parts to which they are immediately applied, and thus requiring a great lapse of time, as well as the judicious application of other remedies before the parts can in any instance be brought back even to their former state.

A properly treated gonorrhœa, when prescribed for on the first or second day after it has appeared, ought never to remain beyond a fortnight at the very farthest. Even ten days is sufficient, to cure at least three-fourths of those generally met with in practice. Still much must depend both on the attention of the patient, and of the medical attendant. For if the patient fatigues himself, lives irregularly,

and uses his medicines only when perfectly convenient for himself, he cannot reasonably expect such a speedy recovery. Or if his medical attendant, which not unfrequently happens, is little in the way of treating such complaints, his hopes of cure, at least for the first ten days or a fortnight, must be very moderate.

We uniformly find, I may again remark, and I wish particularly to impress it, that whatever sort of injections we may think proper to use, especially during the early stage of the complaint, when the urethra is very irritable, the use of strong substances, or violent means of any kind, are always hurtful. Indeed, I believe it is in this stage of gonorrhœa when the urethra is most apt to be injured, and during which the foundation for the most obstinate gleet is laid. Later in the disease, when the irritation has, in some measure, abated, we may not only use greater familiarities with the system in general, but the use of much stronger injections than were at first employed, are not so likely to be productive of harm.

I am fully of opinion, then, that it is never the use of weak but of strong acrid substances, to which we must attribute the unpleasant occurrences which are too often to be met with in the treatment of this disease. It is owing to this improper practice, which is sometimes adopted from an idea, that by it the discharge is sooner removed, that unpleasant consequences so often follow. By it the discharge may be suppressed for a short time, but still the parts continue in a state of great uneasiness, and, in a few days it returns worse than ever.

We find it stated by those who recommend strong irritating injections, so that the discharge shall be suddenly stopt by them, to throw up the urethra warm oil and other emollients, in order to attempt the bringing back the discharge, and thus again bring matters where they were. Provided, indeed, we

could ascertain that no injury had been done to the parts by such rude practice, previous to the employment of the oil, &c. it would be of great benefit; but when it is recollected, that these parts suffer the injury the moment the irritating injections reaches them, our hopes must not be so sanguine from inducing a return of the discharge. Our attention ought always to be exerted to prevent such blunders.

About the time when the discharge, from the remedies formerly applied, has nearly ceased, it has even been recommended by authors, that the patient should squeeze the penis, to ascertain whether or not the discharge had entirely abated; but if the complaint existed, no such practice would be at all necessary. By such absurd means the discharge almost always is protracted, and injections are again employed for its removal, and thus gleet is almost invariably produced. This is unnecessary, for if the mildness of the complaint requires squeezing to make it visible, it may be conceived in every instance to be very nearly cured.

The usual violence of the discharge will often nearly disappear, and there may continue a small discharge, which injections often increase, but seldom entirely remove. Under these circumstances, have often observed, that a change of air, or a journey for a few miles into the country, with the use of cold lavation or cold bathing, entirely remove the complaint in a very few days. This circumstance must often have occurred in the practice of those who are in the habit of seeing many of these complaints.

Those cases which are most distressing, both to the patient and physician, are such as occur in scrofulous habits. The common vitriolic or mercurial injections, seem to have very little effect upon them, and, by a continuance of either of these, a very great proportion of such cases terminate in the most obstinate gleet. Under these circumstances, I have



used, with the greatest success, an injection composed of two or three drams of laudanum, an ounce of mucilage of gum-arabic, and five ounces of water. This I have gradually encreased in strength till a cure was completed.

When there is a deep seated dull pain felt near the anus, causing much uneasiness to the patient, and even preventing him from sitting, besides the use of injections, we ought to use an opiate and an opiglyster, with the daily use of the warm bath, which, separately or together, seldom fail of removing such a sensation.

### *Cure of Gonorrhœa in Women.*

IF, immediately after suspicious connection, the patient washes herself either with a solution of soap or vegetable alkali in water, I have no doubt that, from the construction of the parts, and the ease with which that operation can be performed, either by means of the hand or sponge, that there is no danger of the infection taking place.

As the seat of this disease in women is most commonly in the vagina, and as this part can, without suffering greatly from irritation, admit of injections of much greater strength being used, we ought at once to begin with them at least double the strength that we would use were the complaint to affect the urethra.

## OF LUES VENEREA.

*General Observations.*

I SINCERELY believe, from the appearance of some cases which have occurred to me in practice, that there are certain habits in which lues venerea is not only extremely difficult of cure, but even incapable of being thoroughly removed by the most careful administration of mercury. In such unfortunate instances, mercury, in whatever quantity or form we may use it, seems only to blunt the violence of the disease, but has no power in completely destroying it. For, in a longer or shorter time after the patient has ceased to use this substance, the disease, in one or other form recurs, and although it may be thus frequently checked, is never destroyed.

*Prevention.*

ALTHOUGH I believe that preventatives of venereal infection are not much to be relied on, yet, in the form of the various washes they may be used, and perhaps sometimes with advantage. As promoting cleanliness, the use of them is at all times commendable.

If any benefit is to be derived from them, it must be from such as will mix with and wash off the infecting matter ; and as alkaline substances perhaps answer best for this purpose, they ought to be preferred. Thus, soap and water, or a solution of ve-

getable alkali, are perhaps those from which the greatest benefit is to be expected,

### *Chancres.*

THE cure of lues venerea is more or less easily effected, according to the parts which it affects. We almost uniformly find, that while the disease is recent, and in the form of chancre, it is removed with the greatest ease and rapidity. In short, when the disease exists in the soft parts in general, it is more easily eradicated than after it has affected the bones.

When eruptions or sores break out on any part of the penis, often continuing from time to time for months, which, in some measure resemble chancres, but which, from various circumstances, *we know cannot* be that disease, the treatment I usually employ with success, is to burn them two or three or more days, with some caustic substance, and then leaving that off, to apply a piece of charpee dipt in Florence oil, for a few days more. This seldom fails of effecting a complete cure. But we ought, previous to such burning, accurately to ascertain whether or not they really are or are not chancres.

As chancres exist not merely in consequence of an affection of the part on which they appear, but only as an external symptom of disease of the general habit, the application of caustic substances of any sort; for their removal, is at least useless, if not highly prejudicial. When such applications are made early in the disease, or during its most inflammatory stage, buboes in the groin are almost always the consequence, and if, by such applications, the external sore is healed, we have no proof that the disease has been destroyed in the system, even should no such consequences be produced. If such practice be at all allowable, it is only after a sufficient quantity of mercury has been taken to destroy the vene-



rial virus, and when the sore has assumed a hardness, or indolence about the edges, during the existence of which no sore can heal till such a callous state be removed by caustic, the knife, or some other equally effectual means.

When it can be proved, (which I believe any one will find some difficulty in doing,) that chancre is the first effect of venereal infection, and that from it the constitution is gradually contaminated, then external applications of various kinds may with propriety, in a great proportion of cases, be, on its first appearance, alone, or in combination with mercury, depended on for its removal. But when we reflect that chancres are only the *effect* of the constitutional disease, that, in some, they appear in a few days, in others, not for several weeks, we shall at once see the impropriety of placing dependence on these external escharotics, at least till the constitutional disease has been subdued.

Could these gentlemen, who argue in ~~firm~~ *favour* of chancres being the first sign of the venereal virus having seized upon the part, and who practise accordingly, rather than an effect of its more extended action, prove to us, by any mark or sign; the exact period when external escharotics, for instance, might alone be successful in destroying the infection, then their opinions might have some weight; but, when we hear this important part of the subject treated in the most general way;—when we hear one author echoing another, according to the particular respect he may have had for his private character, or his professional abilities, without his even attempting to give any specific reason for his conduct we are bound, as servants of the public, to doubt his assertions, however high he may stand in public estimation.

Not only from what I have actually witnessed, but from what I know of the practice of those who invariably adopt this uncertain mode of removing

chancres, merely because some great man or other has advised it, and because they themselves have seen it repeatedly succeed without producing *immediate* bad effects, I am sure that much future misery has been occasioned. Such vague and unsatisfactory advices, therefore, I conceive to be injurious in perhaps three-fourths of all the cases treated in such a manner. The first effects of such proceedings are certainly bad, but the after consequences are worse. We know that there is no disease which can at once entail such deformity, and render the sufferer so completely miserable, as an imperfectly cured or improperly treated pox. Death itself would be enviable, compared to what some are thus doomed to endure; and what renders the horror of their situation beyond either description or comparison is, that their mental faculties, at least till a very advanced period of the disease, almost always preserve their former vigour, and are consequently alive to ~~all~~ their accumulated wretchedness.

It is very evident, then, that the application of escarotic substances to chancres, is, unless in their very protracted stages, when we are sure the virus is destroyed, a very hazardous practice, and even, I should imagine, unless under the immediate observation of one who from practice ought to know the absolute necessity of such measures, from certain appearances of the sore, it ought never to be attempted.

I am aware, that very ingenious arguments have been adduced in favour of external applications, to cure the chancre, being assiduously applied at the same time with the internal use of mercury. But, from extensive opportunities of observation, I decidedly object to them, as I conceive, as formerly stated, chancres in general rather to be the effect than the cause of absorption. We find that the advantages, (for we will sometimes succeed in this way,) which may be derived from such practice, in healing

the chancre more speedily, are not at all to be compared with the chances of such treatment either immediately causing buboes, or in deceiving us by healing the parts before the venereal virus be destroyed; and thereby rendering the chances of secondary symptoms more certain. The best external application is, merely to keep the parts clean.

The danger, then, of applying caustic substances to recent chancres, is proved by the following passage from Mr Benjamin Bell's second volume on venereal complaints. (page 322.) "Of twenty patients who occurred with incipient chancres, in ten they were destroyed by immediate and effectual application of lunar caustic. Of the other ten, five were dressed with the blue mercurial ointment, and five with common wax ointment. The sores to which the caustic were applied, healed much sooner than the others, and next to these the sores that were dressed with mercurial ointment. But of the ten patients to whom caustic was applied, *no less than eight had buboes, while only one bubo occurred in all the others, and it happened to one of the patients whose chancre had been dressed with mercury.*" Mr Bell then relates the success of the same application where the patients had been previously saturated with mercury. The success of it of course was much greater than that mentioned above; still, however, buboes were produced by it.

In page 325, Mr Bell further observes, that "in most instances, buboes produced in this manner begin to form in the course of a day or two, after caustic has been applied; in some cases even sooner." It is strange, after this, to find, that although Mr Bell informs us that he always uses mercury several days before the application of the caustic, he does not seem to lay down any precautions in what he calls slight cases: indeed, throughout his book, he seems to treat them with escharotic washes from the commencement. We all know, that what may ap-



pear to one a slight case, may to another be very serious ; of course, from this vague way of treating the subject, nothing can be learned, and much mischief may be wrought.

One advantage, and that an important one too, which is derived from dressing chancres, or even other sores upon the penis, with the very mildest instead of the most irritating applications, is, that we shall be less in doubt, from such treatment, of soon ascertaining their real nature. Many sores on these parts, not at all venereal, have been treated as such, and long debilitating courses of mercury been given, without benefit, for their removal. Our want of a proper knowledge of the specific and invariable marks of a venereal chancre, has been partly the cause of this ; and partly the escarotic washes and other applications given for its removal, which often irritated the sore, and made it worse. Simple dressings would have prevented one of these causes of deception, while the rapid spreading of the sore, till mercury was applied, would have prevented the other.

Mr Hunter, in page 240, very correctly observes, " In every case of chancre, let it be ever so slight, mercury should be given internally ; even in those cases where they were destroyed on their first appearance. It should in all cases be given the whole time of the cure, and continue for some time after the chancres are healed ; for, as there are perhaps few chancres without absorption of matter, it becomes absolutely necessary to give mercury to act internally, in order to hinder the venereal disposition from forming."

Ointments of various kinds are by some applied to chancres, either that their emollient qualities may keep the sore soft and easy, or that, by the absorption of part of their active principle, such as is expected in the application of mercurial ointment, they will tend to the healing of the sore in the most effectual and safe way.

That ointments of different kinds are possessed of emollient qualities, no one will doubt ; but that they are, from the hardness imparted to them by the wax of which they are formed, a good deal deprived of that quality, at least when compared with mild oil, is certain ; therefore, in respect to their comparative emollient qualities, there can be no similarity. That mercurial ointment *thus* applied, is totally useless as a specific, from the impossibility of its being absorbed in sufficient quantity, is too evident to require refutation. To produce its beneficial effects, therefore, it must be applied more generally, and in greater quantity. Thus, not by its immediate action on the chancre, but by its general action on the system, it destroys the disposition to the support and propagation of venereal infection.

When the parts around chancres inflame and swell, we must avoid all exertion or exercise likely to render them more so ; as, in such a state, unless attention be strictly paid to them, buboes will most likely be the consequence. With rest, therefore, while the mercurial course is persevered in, and the abstraction of blood by leeches, after which, the application of large poultices over the penis, is of the greatest benefit.

Although, except from improper management, inflammation of the penis during the existence of chancres seldom becomes alarming, yet, in some instances, it does so, and requires not only general blood letting, but blood repeatedly drawn from the part by leeches, and, after this, the free administration of bark, to prevent mortification taking place.

There are chancres which, from their first appearance, make uncommonly rapid progress. They are in general of a livid colour, assume a sloughing aspect, and are deep and irregular in their form. The prepuce, too, is often hard and thickened, the glans red and hard, and a profuse and foetid discharge issues from the sebaceous glands, and the chancres dis-

charge blood and dark-coloured matter. These must be treated with the greatest possible activity, as every circumstance connected with them demands our prompt and utmost exertion. A feverish state of the body not unusually attends this state, rendering the patient's existence extremely irksome to him; and this, till the system be affected by mercury, must go on. During the exhibition of mercury, then, in every possible way, both in the form of pill and ointment, the affected part ought to be frequently bathed with laudanum, or spirit of wine. Poultices too should be alternately made with one or other of these liquids, to which may be added a proportion of bark or rheuburb, and kept constantly applied to the affected parts. If the prepuce be enlarged to such a degree, as not to admit of being drawn back, so as to expose the ulcerated parts to the action of these liquids or poultices, one or other of the liquids should be frequently thrown *under* the prepuce by means of a syringe. If we cannot arrest the progress of the disease, and from the above circumstance we cannot examine it, we ought at once to divide the prepuce, as we would in the cure for phymosis, so that a proper examination of the glans may be made. We at all times find, that under such rapidly encreasing forms of the disease, the laudanum or the spirit of wine greatly assists in preventing the progress of sphaculation, at least till the mercury affects the system, when it in general is arrested.

In some cases, even during the most active treatment, this state of the parts has supervened, and part of the penis has dropt off, even in one or two days from the time this violent action of the parts began. When, under these circumstances, ~~the large~~ blood-vessels of the penis are corroded, the case is particularly distressing, as, in such a state of the parts, the vessels cannot be secured by ligature; we must therefore introduce a tube a sufficient length



into the urethra, and afterward apply pressure over the course of the ruptured vessel.

When a chancre, however, shows some disposition to heal, it is a common occurrence, particularly at every dressing, for it to bleed profusely. The contrary, as just stated, is the case in those chancres which penetrate to a considerable depth the body of the penis. In the first instance, the bleeding arises from the diseased parts having sloughed off, exposing the very minute blood-vessels immediately under them; in the latter, the bleeding takes place from the extensive ulcerations destroying the larger branches of the blood-vessels of those parts. I have, in two cases of the last mentioned sort, been absolutely under the necessity of inclosing a part of the cavernous portion of the penis in a ligature, the bleeding vessel having shrunk into its substance so far, that without this I could not seize it.

The cure of chancres is similar in both sexes; only, as the dressings in women can with greater difficulty be secured, the necessity for washing the parts more frequently, is even more necessary in the former than in the latter.

### *Phymosis and Paraphymosis.*

Our treatment both of phymosis and paraphymosis are in most instances similar. In slight cases warm emollient applications, ointments, oils, &c. often effect a cure. When the parts are somewhat relaxed by these means, we must, in phymosis, be very cautious in drawing back the prepuce, lest it should thus be converted into paraphymosis. But in bringing forward the <sup>prepuce</sup> ~~prepuce~~ in paraphymosis, we have no reason to apprehend so much risk. When these diseases become more complicated, when in phymosis there are chancres or adhesions underneath the prepuce, and when emollient applications have but little or no effect in relieving the stricture, we must lay

it open in one or more parts according to the inveteracy of the affection ; and where paraphymosis is so violent, as in a great measure to stop the circulation of blood in the penis, and thereby induce mortification, we must lose no time in relieving the strictured portion by dividing it.

The best parts to make these incisions are along the sides of the penis ; but, unless the urgency of the symptoms require it, we ought first to endeavour, by every kind of external application, and even bleeding at the arm, to moderate any violent degree of inflammation that may exist previous to our performing these operations. The instruments I use for both these purposes, are a small sharp-pointed knife gently curved, or a pair of very sharp slender scissars. The knife, in phymosis, is introduced under the prepuce ; its point thrust through it exactly at the spot which we wish to make the extent of our incision ; and it is then drawn forward with sufficient force to cut the intervening parts. If the scissars be preferred, one side of them is introduced under the prepuce, and, by their blades being brought together, the intervening parts are cut. The parts are then to be kept from adhering by the introduction of a pledget of lint between the prepuce and glans. The same instrument may be used in the removal of paraphymosis, by the point of one or the other of them being introduced quite under the strictured part, which may thus be divided. In both operations, the parts should be allowed to bleed freely.

When chancres are accompanied by phymosis, we must be careful to prevent adhesions between the glans and prepuce. This may be done either by frequently and slightly moving the prepuce on the glans, by washing the parts with milk and water by means of a syringe, or by frequently introducing a probe or bougie between the prepuce and glans, and by running it all round destroying any adhesions which may have formed.



When phymosis has continued very violently for a considerable length of time, less or more of the prepuce sometimes assumes a sort of cartilaginous consistence. In these cases, several of which have come under my observation, I have found that the common operation, by incision, for the removal of the phymosis, has no effect; the parts thus diseased must be entirely removed, and great care taken to prevent the cicatrix from again contracting, and again forming the disease.

When paraphymosis is not very severe, several small cuts being made in the longitudinal direction of the penis, all round the strictured parts, often enables us to bring the prepuce to its natural situation. But this is only losing time in severer cases.

When otherwise, the proper operation must be performed; the prepuce may then either be brought over the glans, provided the chancres, if they do exist, are not very bad; but if this objection be present, or if there be any likelihood of phymosis being afterward formed, it will be preferable only to perform the operation, and allow the prepuce to remain where it was till the cure of all the symptoms be completed.

In cases where the prepuce becomes distended with a sort of watery fluid, if the affection be slight, puncturing it with a broad shouldered lancet, and then the application of pressure, sometimes removes it. In this state, too, soaking the parts in strong ardent spirits of any sort, is of great service. But when this treatment does not succeed, we ought not to lose time, owing to the disposition of the parts to assume a cartilaginous consistence, but ought to perform the common operation for phymosis. Even, I believe, under these circumstances, the entire removal of the prepuce, is the most adviseable practice, particularly if, from the other means, it has been removed, and shows a disposition to recur.



*Bubo.*

In addition to the chances a patient runs of having buboes produced in consequence of the application of escarotic substances to the chancres, he, in dread of this affection, frequently applies pressure with his fingers to one or both groins, to ascertain if swelling of the glands there exists. By these means he almost invariably produces a bubo, which, but for the habit of applying such pressure to the common site of them, he might have entirely avoided.

On the very first appearance of buboes, we ought in every case to use the most active means for their discussion. The system ought not only to be fully charged with mercury, but leeches and cooling applications ought instantly to be applied for this purpose to the affected part. When, by a continuance of this practice, we reduce the bubo, though perhaps scarcely to its natural size, and entirely remove the pain formerly attending it, we have, so far as it constituted the disease, effected our purpose.

The application of leeches, so indispensibly necessary for this purpose, seem to have been entirely, or almost entirely neglected, even by the most respectable authors who have written on venereal complaints. Under such a want, I am not at all astonished at the greater proportion of buboes, even independently of the strictest attention to the administration of mercury, proceeding to suppuration; and while an open, extensive, and generally ill-conditioned sore is thus unnecessarily occasioned, the deformity which the part is subjected to, during every after period of life, is extremely unpleasant.

In most cases of bubo, the patient, if otherwise convenient for him, may rub in the ointment himself; but if the bubo be very painful, or likely to suppurate, independently of every exertion we can make to prevent it, the patient ought not, on

any account, to use the exertion necessary for rubbing in the ointment. In such cases, he ought to employ some other person to do this for him.

To guard such person against suffering from its effects, his hand, during the operation, should be covered with the bladder of some animal. I am convinced that many buboes suppurate, when the patient uses the exertion of rubbing in the ointment himself, which, had any other person done it, might have been discussed.

The custom, not yet by some dismissed from practice, of rubbing mercurial ointment immediately on the surface of the bubo, is extremely prejudicial. They reason, that the absorption thus caused into the very part affected must resolve the tumor ; but they overlook the very bad effects of the mechanical irritation thus produced on the part already inflamed, which, in almost every case where it is adopted, independently of any little absorption that may take place, terminates in suppuration.

When a bubo, while suppurating, produces no great degree of pain, and when, independently of every attempt to discuss it, it proceeds to that state, we perhaps act a preferable part by allowing it to burst. But if, on the contrary, the pain be very great, the matter deep seated, and not likely soon to arrive at the surface, we will be justified in laying it open. It has been observed, that buboes, when opened, do not heal so kindly as when allowed to burst of themselves ; we must, therefore, compare the advantages with the existing circumstances, and either open them, or allow them to burst, as these circumstances seem most urgent.

Unless the pain in bubo be very great, perhaps, by the application of warm poultices, it is preferable to allow it to burst of itself, the skin then being thin, and in a great measure insensible, we can, without occasioning much pain, enlarge our incision to any necessary extent. But if the pain be

great, we ought, when we can distinctly feel the fluctuation of matter in it, to lay it open with a lancet or sharp pointed bistoury, or with caustic. I myself prefer the former, as it is more quickly done, and there is, in that way, no unnecessary loss of parts. These operations, however, must be greatly regulated by the timidity or strength of mind of the patient.

When it is found necessary to open a bubo by either of the methods now mentioned, the termination of our incision, to prevent collections of matter, ought always to extend to the most depending part of the tumor. For several days, till the irritation occasioned by the operation has, in some degree, subsided, the sore ought to be washed with milk and water, or some other mild liquid, by means of a syringe; and as the parts sometimes become indolent, it will be necessary to inject into it a quantity of diluted laudanum, or even laudanum by itself, or to dress the sores with strong stimulating ointment. This treatment generally hastens the cure very remarkably.

When a bubo either bursts, or is opened by any instrument, it usually assumes a healthy appearance in the course of a week or two, and granulations spring up from the whole ulcerated surface, and terminate when they arrive at the surface, on a level with the healthy skin. But in some cases, particularly in weakly or scrofulous habits, the sores, instead of assuming the wished-for healthy appearance, become of a purple colour, with inverted or thickened edges, sinuses of various depth and extent are formed, and instances are on record where no sort of attention could arrest such ravages, and the patient became hectic and died.

There is a state of irritation which in some habits, (not unfrequently in such as have now been alluded to), continues after a bubo has been opened,



and often occasions extreme distress to the patient, depriving him even of his natural rest. In such cases, opiates internally, and laudanum externally, are of great service. Laudanum thus externally applied, occasions at first considerable pain; but that soon ceases; and the comfort afterwards experienced from this application, will make even the most timorous willing to submit to it. In addition to these, or rather in milder cases, they are most successfully treated with warm poultices. For this purpose, bread and water boiled is very good, but turnips, or, in preference to that, carrots made into a poultice, answers our purpose well. The irritation soon abates, and the matter which, during that irritable state, was thin and of a brown colour, is soon changed to a more healthy appearance, and the sore rapidly heals.

Sometimes, when a bubo has nearly healed, it continues stationary, and a trifling sore of this kind will remain for weeks or even months, which, as it is not particularly distressing to the patient, he is apt to overlook. When, however, this is not removed, it often, in process of time, assumes a more unpleasant appearance, which may, at all times, be prevented by the application of any caustic substance to it once every two or three days for a week or two. But in those extensive ulcers which succeed to buboes, when we are convinced that the venereal virus has been entirely removed from the system, I never find any difficulty in curing them, by a method, I uniformly find successful in the cure of ulcers in general; viz. by the internal use of cantharides.

In those indolent buboes, which, in particular states of constitution, are to be met with in practice, and which are so perplexing to the medical attendant and tedious to the patient, no generally understood plan of treatment seems to be followed. In consequence of this, I have known one of these,

even without occasioning much pain to the patient, swell to an amazing size. Independently of the most rigorous application of mercury, in every form, both externally and internally applied, I have known them remain for many months, without either suffering the slightest diminution in their size, or seeming disposition to proceed to suppuration. During the application of these remedies, the strength of the patient sunk very rapidly, and I have no hesitation in saying, that, by obstinately persevering in this way, the most robust constitutions have been at length irreparably ruined. By this sort of treatment, I have known them break, by a very small opening, and a clear watery matter discharged, without any reduction of the size of the bubo, which proved for many months extremely distressing.

The treatment I have found most decidedly useful, under these circumstances, was, by slightly affecting the system by some of the preparations of mercury, and by the *repeated* application of blisters to the part, perhaps one every three days, with the application of a warm poultice, from time to time, either reduced them entirely, or speedily brought them to a state of suppuration. In other instances, I have found the alternate application of a sinapism and warm poultice, repeated for several days, answer a similar purpose.

All sympathetic buboes, appearing during the existence of chancre, &c. ought, for the safety of the patient, to be treated as venereal. If in this plan we err, we do it on the safe side; for certainly there can be no comparison between the bad effects arising from a course of mercury unnecessarily taken, and the dreadful consequences of having, by other means, only destroyed the disease in appearance, while its violence in the system remained unsubdued, and ready at every future period to

break forth on some part or other with redoubled violence.

In advanced cases of this disease, one or both testicles sometimes swell very considerably. In some instances, they even become schirrous, the spermatic chord is thickened, and the scrotum breaks out into various ill-conditioned ulcers.

### *Eruptions, Ulcers, &c.*

The common and pernicious custom, of believing that the longer diseases remain in the system, they tend to their own destruction, has been carried to a great height in respect to lues venerea. I once adopted this opinion, in common with others; but, from the frequent disappointments I met with in attempting to imitate authors, by curing secondary symptoms in one, two, or three weeks, according to their statements, I was compelled at length to doubt the possibility of it. From actual observation, I am now of a directly contrary opinion; conceiving that, in the generality of cases, the longer the disease continues in the system, and the more extensive its ravages are, the more difficult and the more tedious it is to effect a cure. There may be some exceptions to this, but these cannot establish a general practical doctrine.

I think there can be no doubt, that the venereal virus may often be completely destroyed, although the blotches or ulcers caused by it remain seemingly as before. In these affections, then, it is not always necessary to continue the mercurial course till they are perfectly heal; yet, from our want of a precise knowledge of certain appearances which probably are peculiar to venereal ulcers, we are, in many instances, at a loss in this particular part of our practice. We must, therefore, be greatly influenced in our proceedings by the general health of the patient in other respects, the changes the ulcers



have undergone during the use of the mercury, and the length of time the patient has continued under the course. With regard to their not being greatly altered in their appearance, we know, that indurated or scirrhus glands, nodes, &c. from a venereal cause, often remain for life as large as before the exhibition of mercury, and yet are perfectly harmless.

It ought to be particularly attended to, that the eruptions and blöches which appear from a venereal cause, are certainly different in appearance as well as situation. But when we have ascertained their existence to depend on such a cause, which, from our present state of knowledge, is not easily done, even from any appearance they may assume, our plan of treatment is attended with but little difficulty. One or other preparation of mercury, externally or internally applied, according to existing circumstances, will almost always effect a complete cure.

In the generality of venereal ulcers, constituting secondary symptoms, on whatever part of the body they may appear, it is commonly only necessary to impregnate the system well with mercury to effect their entire removal. But, independently of this, if they remain stationary and even become worse, provided we are sure they are not caused by the mercury; we must, to internal means add external applications, such as the various astringent washes and caustic substances; and even the removal of some parts by the scalpel is often of the greatest benefit in hastening the cure.

These appearances are apt, as in the case of some chancres, to assume a sort of action after the venereal virus has left the system, which cannot, by any natural powers of the body, or even by these aided by internal medicines, be removed. In such cases, it is absolutely necessary to use the above substance.

The first effect of mercury on a venereal ulcer, is

to render it somewhat cleaner. This, however, occurs at very different periods in different individuals, but in all of them, when the parts have assumed this state of action, the cure generally goes on very rapidly.

In these sores, then, mercury must be pushed as long as they continue to heal under it, and even two or three weeks after they have entirely healed ; but if the healing process be arrested, we must instantly leave off the mercury, to prevent badly conditioned ulcers being formed. With such surgical aid as may be necessary, we then find that change of air, animal jellies, and as much nourishing food as the stomach can easily bear, must be substituted, with bark, wine, &c. and it is seldom if ever be necessary again to have recourse to mercury.

It is a pity that medical men should have paid so little attention to those changes which venereal sores undergo during the treatment adopted for their removal, though, in a practical point of view, it is of the utmost importance. From this circumstance alone, I am sure that many complaints, purely venereal, have been deemed otherwise ; and many, with not a vestige of that disease about them, have been treated on the principle that the venereal virus still existed in the system. At an early period of my life, before practical knowledge had entitled me to judge of these matters, I witnessed a case of the last description, for the success of which I felt myself deeply concerned. The gentleman I allude to, had been in the habit of using mercury almost constantly for about two years. At the end of that period, he again found it necessary to have recourse to the same medicine. The state of his complaints, at this time, were in the form of chancres and buboes ; he had within the two preceding years been affected with ulcerated throat, nodes on the bones, &c. For the removal of the chancres and buboes, he now used mercury externally and internally, with cool-

ing applications and leeches to his groin. They gave momentary relief, but his former symptoms of sore throat, nodes, &c. recurred; he persevered in the use of a variety of the preparations of mercury, till, at the end of six months from the attack of the last symptoms of his complaints, he could take, without more than slightly affecting his mouth; twelve mercurial pills daily, and use by friction nearly an ounce of the strongest mercurial ointment. He still continued to encrease the quantity of his medicine, which he was induced to do, from having consulted those medical men who at the time were deemed the most celebrated in that line of practice in Edinburgh. In six months more he was emaciated to a great degree, and had then advanced the doses of the mercury to eighteen pills daily, and also used one ounce and a-half of the strongest mercurial ointment. His medical men at length entirely deserted him, unless from time to time to call and desire him to continue the mercury, and he would certainly get well at last. Indeed, at that time he was disposed to think them right; for if he at any time attempted to diminish the doses of mercury, all his sores became worse. He at length, in a state of mind almost approaching to despair, determined entirely to give over the use of the mercury, as he now thought his complaints incurable. He did so, and to quiet the perturbation of his mind, he also determined to enjoy all the comforts to be derived from the liberal use of wine. By gradually increasing the quantity, he drank about two bottles of port wine daily, yet his sores became worse, assumed a black colour, and a foetid discharge issued from them. Still, however, he determined never to have recourse to mercury. In this state, then, he continued about six weeks, during which time he was at least one half of the day in a state of intoxication, partly from the weak state of his body, but principally from the quantity of wine he drank. His



sores then assumed a more favourable appearance, and in two weeks more they were evidently mending. This gave him some encouragement, and he began to use daily about half an ounce of Peruvian bark in addition to the wine ; and, without the use of any other medicine, he entirely recovered in a few months. It is now several years since this occurred, and he has never had any attack of that disease in any form.

### *Sore Throat.*

When mercury affects the mouth violently, any of the acids diluted may be used with advantage as a gargle or wash. Tinctura opii may also be used, when diluted with water, with good effect, particularly when the parts have become uneasy, rather from irritation than from any violently inflammatory state. Any of the astringent gums, in the form of solution, or a decoction of astringent barks, may also be used perhaps in preference to either of the above.

It has been asserted, that muriate of mercury, given when the disease affects the mouth or throat, acts on it in the manner of a gargle, and is apt to heal the sores before the disease for which it was administered is destroyed. How far this reasoning may apply, when it is given in the form of solution, I will not pretend to determine ; but certainly, when given in the form of pills, it cannot act as a gargle on parts which it scarcely ever touches ; and, in this form, occasionally, in combination with a small proportion of opium, I have often given it with the most decided advantage.

Although, however, in the milder secondary symptoms, such as slight inflammation of the throat, and copper-coloured spots on the skin, I have found the cautious and properly regulated administration of muriate of mercury fully sufficient to effect the cure ; yet, in the deeper seated affections of this sort,

such as disease of the bones, &c. I have uniformly found that, in addition to it, friction with the blue mercurial ointment over the affected parts, always caused a more speedy cure than when this last application was omitted.

We sometimes find, from bad teeth, or previous affection of the gums, that during a course of mercury, even conducted in the most careful manner, the inflammation spreads backward toward the fauces, and this sometimes leads an unexperienced practitioner into a belief that this inflammatory affection is caused by the disease, not by the mercury, and thus, along with disappointment to himself, much unnecessary trouble is caused to the patient.

When the throat has been thoroughly affected by the venereal disease, we may be certainly assured that it will never heal of itself, or by any power which the system possesses in throwing off the affection which caused it.

In an affection of this kind, we sometimes find the glands about the throat indurated. From such a state we seldom reduce them to their original condition. But it is fortunate that the disease which caused such an appearance, may be completely removed, even if the swelling should remain undiminished.

### *Bones.*

Mercury, when applied for the removal of a generally infected constitution, often recovers the morbid state of the soft parts, by which state they heal, while the disease remains unchecked in the more solid parts, such as the bones. Mercury, therefore, is often discontinued, when the soft parts heal ; while the disease not being removed from the bones, but only blunted in its violence, soon recovers its former virulent state, which demands the most serious attention.

The tendons also are sometimes venereally affected and enlarged; but they may be inflamed and enlarged from other causes. The true state of such parts is best known during the cure, for if the symptoms be venereal, they will yield only under a course of mercury, while, if otherways, they may be removed by other means. If venereal, too, they never abate for any length of time; but if they arise from rheumatism, gout, &c. they may even subside of themselves.

Provided, then, we are certain that nodes are the effect of lues, they are only to be cured by the same general means, (mercury, with the occasional use of decoctions of the woods, &c.) The pain in them being often very great, it is necessary to apply repeated blisters over the whole surface, or leeches to the affected part; or we may make an incision down to the bone, and extending the whole length of the tumour. But this last step must be done with the utmost caution, as the performance of such an operation, unless unavoidable, may lead to troublesome consequences. If the bone has become carious, the original disease ought to be destroyed before we attempt exfoliation of the diseased parts of it, when it may be done with greater ease and more safety.

During the existence of nodes, then, on various parts, we find that mercury, taken internally, and applied externally, will in general remove them. The same observation may apply to thickening of the ligaments or fascia, from a similar cause. In many cases the parts affected are greatly swelled, and the pain attending it, probably caused by this state, is excruciating. The bone has been supposed to be carious, when only an enlargement of it and its surrounding parts existed; caustic has, in this state of it, been applied over the affected part, the periosteum was thus destroyed, and the bone laid bare. Thus an exfoliation, although no caries formerly existed, will take place, and therefore, un-



less inflammation or actual ulceration of the part occurs, no caustic should be applied.

In such cases, the application of leeches alone, or a blister applied over the affected parts, while the mercury is continued, is productive of the most happy effects. When this treatment is not successful, suppuration, though slow, and attended with acute pain, is generally the consequence, and the matter is not like healthy pus, but of a slimy nature.

While the disease in the bones has spared enough of the living principle by which they can support themselves, they are, with scarcely any exception, curable by mercury; but where the bone is entirely destroyed, no treatment, however judicious, can be of any service. In the first instance, the mercury produces a favourable change in the feelings of the patient, which always proves that a continuance in its use will effect a cure. But in the latter, mercury produces no alteration of the symptoms. If the skin be sound, we should at all times allow the constitution to be fully affected by the mercury, which, from its beneficial effects, would prevent many a harsh and cruel operation.

Even after the venereal taint has been removed, the diseased portions of bone act as foreign bodies, and the ulcerated parts can only recover upon the separation of them from the sound. This may be promoted; if the diseased bone be in the mouth, it may be washed and kept clean with mild liquors, and if in the ears, they may be syringed with some similar liquids. Exfoliations of this nature are greatly accelerated by restoring the state of general health, and the rapidity with which the ulcers heal, after this has been effected, is astonishing.

Sometimes after a cure, enlarged bones return to their original size, but more commonly they remain always enlarged at that part.

*Ophthalmia.*

VENEREAL ophthalmia should, with the addition of the exhibition of mercury, be treated as ophthalmia from any other cause. Vitriolic and astringent washes are, in general, beneficial, and if the vessels be much distended, they ought to be divided. But in scrofulous patients, as I have elsewhere had occasion to remark, ophthalmia, from this as well as from any other cause, must be treated very differently. Spirits of wine or laudanum must be daily blown into the affected eye through a small quill, or ointment of a stimulating nature must be daily introduced within the eye-lashes. A division of the vessels, too, in this state of disease, is often necessary in scrofulous, as well as in those patients of another habit of body. The various vitriolic solutions, which are often useful in the cure of such affections in the generality of patients, are decidedly bad in patients of a scrofulous habit.

*Blindness, Deafness, &c.*

WHEN either blindness or deafness affect a person from a venereal cause, the case is in general of a very hopeless nature. Still, in a slight affection mercury may sometimes be used with considerable advantage; but, when the coats or humours of the eye are greatly diseased, or when the bones of the internal ear and eustachian tube are considerably affected, very little benefit, I am sorry to say, is in general obtained from our utmost exertions; yet still, even under these circumstances, while the constitution is not materially affected by mercury, we ought to continue it, as whatever benefit we may reap must principally be derived from this remedy.

From this disease, or even from its remedies, there sometimes occur, in addition to the above, very

dreadful symptoms, such as falling off of the hair and eye-brows, seemingly rheumatic pains, dropping out of the teeth; the nails become curved, and sometimes fall off. In short, every part of the body becomes affected, rendering the whole system one loathsome mass of contamination. Yet I am firmly persuaded, that, not only from the disease, but from an injudicious or from a too long continued course of mercury, all these and many more symptoms may arise. This is an additional proof of the necessity there is for a medical man being aware of every appearance the disease can assume, and of the bad as well as of the good effects of the remedies prescribed for its removal.

### *Warts, &c.*

IN whatever form lues venerea may appear, it may only require the administration of mercury for its removal; or it may be found necessary to employ, either along with that medicine, or after it, such surgical assistance as will be necessary and proper to prevent there being formed a distinct disease, even after the venereal affection has been completely subdued. Thus we find, that not only fungous excrescences, but, as formerly stated, rugged sinuous indurated ulcers, carious bones, diseased glands, &c. all of which and perhaps the most simple is that of warts, must often require chirurgical aid.

Warty excrescences, then, with unequal cauliflower-like surfaces, and pendulous long-necked productions, like polypi, are frequently to be met with in the labia of women, and on the glans, and still more frequently on the prepuce of men. Their origin seems superficial, and they are most commonly to be met with immediately after the removal of chancre, but they scarcely ever exist from a venereal taint remaining in the system. Their destruction, therefore, is in general easily affected, by



first removing those of a pendulous form with the knife or ligature, and afterwards inducing inflammation in the parts, by the application of escharotic substances, while those of a broad base may, without a ligature or knife, be removed by any of the caustic substances in common use, either in a liquid or in a solid form. They also may be completely removed by the daily application of the powder of sabinæ applied to the affected parts.

I think, when we are at all doubtful respecting the real nature of warty or other excrescences which sometimes appear about the anus, at one or other period during the existence, or even after lues venerea has disappeared, it is safe enough to treat them by the application of escharotics, ligatures, &c. as if unconnected with that affection. But if, from their frequent recurrence after such plans have been duly attended to, we have reason to believe them of a venereal nature, recourse ought instantly to be had to the use of mercury in addition to the above. By these means, they will consequently lose their venereal nature, which may be known by their ceasing to return.

### *Mistaken for other Diseases.*

IF venereal pains be mistaken for rheumatism, gout, &c. which not unfrequently happens, and treated as such, the patient cannot, under such regimen, experience more than partial and momentary relief; for his disease will gain ground, and the symptoms at length become more aggravated, till another and more permanently effectual method of treating it be adopted.

We not unfrequently find that lues rages in the system with considerable malignity, especially when it affects the bones, while the patient remains unconscious of his real situation. One day it is thought to be rheumatism, another the gout; and the materia me-

dica is ransacked for remedies to relieve these symptoms, but, as may be imagined, without effect. It is at length conceived to be lues venerea, but not till the haggard and emaciated frame is too weak to bear the debilitating effects of a course of mercury. I have known many vigorous young men from this cause reduced to a state of the most deplorable wretchedness. We therefore cannot too strongly inculcate the propriety of the very utmost attention being paid to the recurrence of these symptoms, and if it has a similarity to any venereal complaint, and especially if it has withstood other remedies, we ought not to delay the application of such means as will make a perfect cure, till the debility of the general system prevent their administration.

*Impropriety of the application of certain substances to Venereal Chancres, &c.*

I have already frequently insisted on the impropriety of certain substances being applied for the cure of chancres. I shall now do it more in detail. The very attempt, then, to heal, by escarotic applications, a sore which we have some reason to believe is a chancre, is at least fraught with the greatest risk, if not perhaps with danger. We know that, as in small pox, the minuteness of the fluid which is fully sufficient to infect the whole body, is inconceivably small, and undoubtedly, as in that instance, lues venerea affects the system with considerable rapidity. We, therefore, have good reason to believe that such a substance as caustic, immediately applied to the infected spot, may heal it externally, though it produce no effect on the disease, which has thus already made its way into the system. And certainly, considering the comparatively trifling harm which a well managed course of mercury, for probably not more than three weeks at most, will produce, no reasonable being should ever

run the risk of burying such a tremendous disease in the system, to break out at any future period, when by this it can be safely prevented.

In support of the propriety of applying external escharotics, &c. during a course of mercury, it has been stated, that mercury without them always effects the cure in a more tedious manner than when its use is accompanied by these external means; and that, in some patients, although administered for many weeks, it entirely fails of healing them without such applications. I readily grant that chancres may, in general, be more speedily healed, when external escharotics are applied, than without them; yet we can by no means be satisfied, under these circumstances, that we have cured the disease, but twenty to one we have, as just observed, locked it up in the system. I should wish to know from those who support such opinions, and who consequently practise upon them, what the particular nature of the action of external applications is, in entirely eradicating the venereal virus. Mr B. Bell informs us, in p. 318 of his second volume on venereal complaints, that “the internal exhibition of mercury alone will not always cure chancres. I have known,” says he, “a person kept under the complete effect of mercury for many weeks, and the chancres for which it was prescribed remain nearly in the same state as at first; nay, in different instances where this practice was pursued, and in which the cure was trusted to mercury alone, although the remedy was continued in all of them for six or seven weeks, and under the best management, as the chancres did not heal, the mercury was laid aside, on the supposition of the constitution being rendered safe; but although in all of them the sores were soon cured by the application of caustic, red precipitate, or some other escharotic, in several, symptoms of pox appeared in the course of a few weeks; in some with ulcers in the throat, and in others with blot-



ches on the skin." Such cases must have occurred in every one's practice, extensively connected with that branch of the profession, but surely we can never build a general and infallible doctrine upon them. Besides, in these cases, the chancres had assumed that sort of diseased action which, before they could heal, rendered the destruction of that state of disease absolutely necessary. It is evident that the escharotic application possessed no other effect on these chancres, but merely the destruction of its edges or other parts, which was absolutely necessary before it could heal. Had it done any thing else, why did the disease recur, as mentioned by Mr Bell? It is then very plain in the above rare occurrence, that, by a little longer perseverance in the use of mercury, and when the inflammatory disposition of the chancre had been in some measure removed, so that such application did not run any risk of occasioning buboes, the combination of mercury internally, with the external application of caustic substances, would have at length entirely completed the cure. But I must repeat, that, from such occasional occurrences, we must not, unless we expect to work much mischief, form any general rule of practice. The application of caustic substances in chancre is at all times uncertain, and often hazardous, and must never be generally used, but when, from certain changes in their appearance, the medical attendant judges them necessary and proper.

If ulcers, again, we know not on what account, after having assumed a healthy appearance, become worse and spread farther, we may rest assured that the venereal disease does not now prevail in the system; but that these sores arise from some other cause which will not likely yield even to the most judicious use of mercury.

Every appearance, also, produced by venereal virus may exist after their cause has been removed. It is, in such instances, *hether* ~~either~~ caused by primary or secondary symptoms, that external astringents or escharotics

are principally useful. The experience and judgment of the medical attendant here has its most decisive trial, and, according as the result of his opinions and practice are attended with success or otherwise, his judgment is to be valued and preferred to others of the same profession. This, indeed, is the standard by which all professional men ought to be judged; and reputation, instead of being bequeathed from father to son, and from master to apprentice, which is often the case, ought only to be the reward of industry, of perseverance, and of success.

No occupation, profession, or any thing else, ought to prevent us devoting all our attention to the removal of this disease, however slight, the moment we have ascertained that we are affected by it. The many instances of its having disappeared when in the form of chancre, from external applications, yet still remaining for years in the system, without apparently producing any material alteration, till it broke out with all the dreadful and often destructive appearances peculiar to secondary symptoms, ought to be esteemed powerful inducements in making us devote all our attention to its entire removal when in a more simple form.

### *Cleanliness.*

In the treatment of every species of venereal complaints, cleanliness is our first object, and a strict observance of it ought to be maintained throughout the cure. Without this, we have not only to bear with the filthiness which naturally arises from such complaints; but it has been believed, that the absorption of matter which on such occasions must take place, greatly aggravates the very disease for the removal of which our other remedies are applied.

*Modes of Living.*

Independently of the great difference which naturally exists in the absorbent system of some patients, rendering a larger quantity of mercury, in whatever way applied, absolutely necessary than in others, for the removal of lues venerea, we find a similar peculiarity exist from artificial causes. Thus, certain irregular modes of living, which debilitate the body in general, tend also to render the absorbent vessels very inert ; and large or inconsiderately applied doses of mercury and several other medicines produce similar effects.

I believe intemperance, during a course of mercury, to be the great cause of all the mischief which generally attends such a state. The habits of such persons as are frequently affected with these complaints, being very often of an irregular nature, not during one, but for a succession of days, oblige them at length to retire to their chambers, and be more rigidly correct in their conduct than would have been necessary, had they, at an earlier period, attended more strictly to rules of regularity.

I have uniformly observed, that during the exhibition of mercury the use of spirituous liquors in particular, except in very small quantity indeed, is extremely improper. The effect produced by the spirit does not at all seem to prevent the mercury from acting on the mouth ; but the disease, during its use, is seldom arrested in its progress, at least for many weeks, or even months after it should have been cured. In many such instances, even while the mouth remains sore, the symptoms of the disease, instead of being removed, become much worse. By attention to this circumstance alone, I have at first been prevented from curing many cases which, on these matters being regulated, have at length yielded with the utmost ease.



In the treatment of every such complaint, then, we will find that a temperate patient will be easiest cured, and run fewest chances of being afterward affected by secondary symptoms. But one of opposite habits will not only preserve the disease long about him, but the chances of its lurking in the system, compared with the other, are numerous. It ought to be an established rule, that mercury should never have any other stimulus to strive with but the venereal virus.

### *Woods, &c.*

Although I believe various decoctions of the woods incapable of entirely curing the venereal disease, yet they may possibly act as auxiliaries during the exhibition of mercury ; at all events they can do no harm, and therefore may at all times, when otherwise agreeable, be used. For this purpose, the best of them are probably the decoctions of guaiacum of sassafras and of sarsaparilla.

Although, then, I have no great faith in the individual power of any of the woods, nor even of the acids, in the removal of these complaints, yet I have seen decoctions of them, or the acids in a diluted form, taken in combination with mercury, of singular service, when mercury itself seemed to produce no very remarkably beneficial effect. This I have observed more commonly in advanced cases than in recent ones. I may also mention, that when the mercury has debilitated the system greatly, but without completely eradicating the disease, the woods may be substituted for it till other means have been employed to prepare the system to be again subjected to the operations of mercury. During their use, the disease seems only checked, but not removed.

### *Preparations of Mercury.*

Among the whole list of medicines, which from time to time have been held forth to the world as possessed of antivenereal properties, none have stood the test of experience so effectually as the different preparations of mercury. From the generally acknowledged reputation of some, and the understood eminence of others, various materials have been proposed by medical writers, and have had the very fairest trials, but they have all, seemingly by general consent, in a great measure sunk into disuse.

It is extremely probable that the good effects of mercury, in the cure of venereal affections, was discovered by mere accident. For we read in the works of ancient authors of it being first applied for the cure of cutaneous eruptions in general. It is therefore very probable that it was in this indiscriminate way applied to some venereal cases, and, from its good effects in removing them, became an established remedy.

The different preparations of mercury, then, although no specific, from their having failed of success in some instances where they have had the fairest trial, are now universally acknowledged to be the only medium on which we can depend for general success.

But while this medicine must be recognised as the most valuable with which we are at present acquainted, it is often, in the hands of the rash, the dull, or the inexperienced, productive of the most serious mischief. It is not from witnessing one or two instances that I have been able to make this statement, but from a host of cases, to which I have been called, where the patients had been reduced to the greatest possible degree of debility, seemingly in some of them almost irrecoverable; not so much from the effects of the disease, at least latterly, but

purely from the misapplication of the remedy administered for its removal.

Being very early obliged, from the service in which I was then engaged, to dedicate much of my time to the practical part of my profession, and particularly, from certain circumstances, to the venereal department, I had occasion to try the comparative effects of the different preparations of mercury in every different stage of that disease, even before the then limited extent of my reading made me acquainted with the many discussions which have agitated the profession upon these points.

In recent affections, the blue pill or ointment, or pills made from calomel, (submuriate of mercury) merc. cinereus, &c. are probably the best. Their effects in the removal of the disease in this stage may be depended on, and their action on the stomach and bowels is scarcely ever so violent as to cause alarm. But I have uniformly found the superior efficacy of the cautious use of the muriate of mercury, or corrosive sublimate, in far advanced or in secondary symptoms of lues, and much as I have read on the subject since, I have not yet seen cause to alter my opinion respecting the use of that medicine.

I am aware that it is more apt than almost any other preparation of mercury, to affect the stomach and bowels; and it is, therefore, very necessary to pay much attention, not only to the doses, but to the form in which it is used. Forming pills of it with crumbs of bread is perhaps somewhat unsafe; as it is scarcely possible to levigate it so finely, and diffuse it sufficiently through the mass, as to prevent acting on the stomach with much violence. But in the form of solution in water, which is afterward made into pills with bread, each containing one-fourth of a grain, is what I use with the greatest success.

I have no wish to extol the superior efficacy of any particular preparation of mercury, and as is too



often the case, when the good effects of one particular form of it in preference to all others is alone to be insisted in, overlooking all its bad effects and magnifying its beneficial properties. My object is the removal of the disease in the safest and most effectual way for the patient ; and I hope that no speculative reasoning, however plausible, will ever have the smallest effect in altering my mind on that subject, unless such reasoning has for its basis sound practical observation.

*Rules for the Administration of Mercury.*

Every body knows that it is from mercury alone, in one form or other, that we are to expect the complete removal of the venereal disease. But it requires time and experience to know in what manner, and and under what circumstances, it is or is not to be used, and what quantity will be necessary to produce the desired effect. Every patient possesses a state of constitution peculiar to himself, and even this varies in the same patient at different times. On this account, the same degree of morbid action may occasion the progress of his complaints to be more slow or rapid, mild or malignant, than what may be found in another. Under these circumstances, it must appear evident that no given quantity of mercury can be calculated upon for the relief of patients so diametrically opposite in their constitution. We must, then, while we rely on the powers of the mercury, depend on our own judgment in the administration of it ; and it will be found that attentive unbiassed observation and experience will at all times be more successful than practice dictated by the most brilliant imagination without these advantages.

Were no peculiarities of constitution to exist, we could calculate to a mathematical certainty the pre-

cise quantity of mercury which would cure every venereal complaint. But experience must have taught every one how impossible it is to calculate in that way; and that he who either follows it himself, or teaches it to others, must be perpetually in the habit of committing the most serious blunders. Its doses, and the length of time that it should be used, must be entirely regulated by the influence it produces on the disease, and its effects on the general constitution.

Before the disease can be thoroughly destroyed in the system, there must actually exist in it for a certain length of time a *mercurial disease*. The extent to which this must be pushed, and the length of time that it ought to continue, must be entirely regulated by the medical attendant, whose judgment we shall suppose adequate to the task. But if his judgment should be deficient, and the course of mercury is protracted, the disease must at some future period, in one or other form, break out with redoubled violence. If, on the contrary, it should be unskilfully administered, or carried too far, which is by no means uncommon, a disease altogether of a different kind from the venereal is produced, which exists entirely either in consequence of this injudicious application, or of too much mercury being exhibited. Either the original sores will thus assume a new character, or new ones will make their appearance. The mercury, from the same mistaken notions, is still persisted in, the sores become worse, (for, being absolutely caused by the mercury, they are of course now aggravated, in consequence of its use,) and the patient at length becomes hectic, and literally cadaverous. Thus he is forced to drag out a miserable and wretched existence, burdensome to himself, and comfortless to every one else. I am therefore convinced, that a perseverance in this indiscriminate practice has been the ruin of number-

less once vigorous constitutions, even when their original strength has preserved them a mere wreck of their former state. But the numbers who have actually fallen a sacrifice to such mistakes, I believe, have been still more numerous.

Thus we will find that mercury, like all other active and valuable medicines, can only in one way be used properly ; but, from neglect, or other causes equally bad, it is daily abused by its too free administration ; while, in some circumstances, the extent of its value is not ascertained from its too niggardly application. It is from due attention to these circumstances, that a man at once shows himself possessed of discernment and of judgment, and who has or has not applied his experience to a proper use.

Besides, in whatever form we may administer mercury, or whatever preparation of it we may deem best suited for the removal of the disease, we cannot be too careful in its preparation. From inattention to this, the complaint is often unchecked for a great length of time, even till it has committed considerable ravages in the system. Every surgeon, as well as physician, therefore, ought never to employ any mercury but such as may be prepared either under his own immediate inspection, or by some person in whom he can place implicit confidence.

I may observe that, anxious for a speedy cure, I have known many patients, independently of particular instructions, administer the mercury in by far too large doses, which, while it could serve no good purpose, either speedily and violently affected the mouth, or, what is even worse, occasioned most excruciating pains in the stomach or bowels, accompanied by most debilitating purging. These affections most commonly arise from mercury taken internally ; yet I have, in some few instances, even observed such effects induced from its external application in the form of friction.



Too great attention, therefore, cannot be given to the order in which mercury ought to be introduced into the system, although it is one of those things in practice which is too often entirely overlooked. Whether given in the form of pill, solution, or applied by friction, we ought to make the doses small, and as frequent after each other as we possibly can administer them ; or at least, till the mouth be completely affected, the former dose should not be allowed to abate in its action on the system, before the following one be given. Thus, instead of giving large doses at once, which often create much mischief, by obliging us not unfrequently to abandon it for several days in the same course, we are enabled to preserve an uninterrupted action of the medicine in the system, which is uniformly most effectual in entirely removing the disease.

On comparing the effects of mercury on the system, whether taken internally in the form of pill or solution, or applied externally by inunction, I do not think there is any considerable difference produced by them. The chances, however, of bad effects being produced on the constitution in a remarkable degree, are most likely to take place from the mercury being taken internally, and that only when it produces violent effects on the stomach and bowels ; even, indeed, when this bad effect attends its external application, equally bad consequences follow its administration.

In some patients, too, the internal use of mercury is attended with sickness, vomiting, pains in the head, and general debility. It is then that its use must instantly be abandoned, and some kind of stomachic medicine given to relieve these symptoms, which evidently arise from that organ. The mercury, too, must in future be used externally in the form of ointment.

But when, in the form of pills, it does not affect the bowels, occasioning griping or purging, that cer-

tainly is the easiest mode of using it, and I believe is as effectual as when applied in any other form; but when the patient can conveniently confine himself to his chamber, the preferable mode of applying mercury is certainly by inunction. The common place for applying mercury externally is on the inside of the thighs by means of friction. Sometimes, indeed, the friction irritates and inflames these parts; but when this effect is likely to be produced by it, we ought to rub it once on the inside of the thighs, next time on the outside, then on the legs, after this on the arms, and when we return to the place where we applied it first, the inflamed parts having healed, and we may, if necessary, commence the same round as before.

If, during its exhibition in any of these forms, the bowels become affected, we may allay it by taking 25 or 30 drops of laudanum, an opium pill, or one composed of equal parts of opium and gum catechu.

When the mercury is administered by inunction, I usually direct that two or three drams be divided and one rubbed on each thigh, opposite a fire, before going to bed. I have found the mercury enter the system with greater facility when it was mixed with a small quantity of fine olive or Florence oil. If this produces no effect in ten days on the mouth, or on the appearance of the chancre, provided it has been immediately attended to, the mercury must be gradually, encreased in quantity, adding to it a small proportion daily, till on or both of these effects appear. This may be carried on by itself, or it may be combined with a pill taken twice or thrice a-day, composed of one grain of mercury in form of a blue pill, or one grain of calomel in a little crumb of bread, or about one sixth or one-eighth of a grain of the corrosive sublimate of mercury, first dissolved, and then made into a pill with bread, till the effect be produced on the mouth, or on the disease, generally considered.

However little the following circumstance is attended to in practice, (and it is little attended to) I may remark that perseverance in the use of any one of the preparations of mercury, when it does not seem to produce the desired effect, is highly improper, and even at times extremely hurtful. For its use exhausts the strength of the patient, without in the least degree eradicating the virus. Sometimes I have found it necessary to change from a weaker to a stronger preparation, at other times from a stronger to a weaker, when evidently good effects were obtained in both instances.

Alterative courses of mercury, however, that is, where the system is so very slightly affected as scarcely to be perceived, have never, so far as my observation goes, been of much benefit in the removal of lues venerea, unless when the affection has been extremely slight, and even then the cure has been very slow, and very possibly not complete. In severer affections of this nature they seem to have no beneficial effects—they tend only to exhaust the system, without checking the disease: I therefore conceive, that in every case the mercury should be taken in sufficient quantity in whatever way it may be applied, sensibly to affect the gums, or in a middle state between an alterative course and violent salivation. Thus, by regulating our doses, so as to preserve the mouth in this state, we will more certainly and more permanently cure the disease than by either of the other methods.

The system may be considered as properly charged with mercury, when it occasions a general but not very disagreeable tenderness in the gums, and perhaps in one or more parts of the tongue, with foetid breath, and a moderately increased secretion of saliva. This state produced and persevered in, according to the particular nature or severity of the affection, will be found fully adequate to the removal of either primary or secondary symptoms.



We are taught, by daily experience, in the generality of cases, that the degree of soreness in the mouth is the mark by which we are to regulate our administration of the mercury. Till this purpose be effected, all our proceedings carry with them some degree of uncertainty; but no sooner does this symptom occur, than we feel more capable of regulating our proceedings; while, in a shorter or longer time, according to various circumstances, the sores evidently assume a more healthy appearance. I may here remark, that even with the most cautious there often exists great difficulty in exactly producing that degree of soreness in the mouth which we could wish. In some cases it becomes too violent, while in others, it is with difficulty we can affect it at all.

We ought to attend to this, that symptoms of lues venerea will often be considerably alleviated by mercury, although the disease be not entirely destroyed in the system. We must not, therefore, under these circumstances, desist upon the symptoms only assuming a more favourable appearance; but persevere till we have good reason, from every circumstance combined, to believe that the virus is completely destroyed. We may establish it as a very good general rule in the cure of this disease, to continue the use of the mercury probably for two or from that to three weeks after every morbid symptom has entirely disappeared. Inattention to this is too common, and I believe it is productive of much after mischief, rendering a long after course of mercury necessary, which, had the former been continued perhaps a week or ten days longer, might have been entirely avoided.

One observation I may make here, which I am sorry to say, is rarely, if indeed ever attended to in practice; viz. that under certain circumstances, even although the mercury has been most judiciously applied, and the disease remains unsubdued, its use

must not be persisted in, at least for some length of time: For instance, when great and permanent prostration of strength occurs, frequent nausea, giddiness, pains in the head, and almost constant want of sleep, we must entirely abandon the mercury; administer any of the decoctions of the woods, with nourishing soups, from two to three glasses of wine, or from that to a pint or even more each day, till these symptoms have abated, and the strength of the patient has been considerably restored. Then we may recommence the use of the mercury, in one or other form, when we reap advantages from it, which under the previous circumstances we could not obtain. For pushing a mercurial course, after a state of great debility has been induced, has, in almost every instance, no effect in arresting the disease.

Proper attention not being paid to these points, the abuse of mercury is by no means uncommon, and I have no doubt that other complaints of a very different nature may be produced, either from this cause, or by a long continuance of the venereal virus remaining in the body; but I believe they are more frequent in consequence of the injudicious use of mercury, than even the last. When the system is reduced to a state of great debility, the body becomes peculiarly predisposed to complaints which, but from that circumstance, might never have occurred. The disease which may occur is at all times dependent on the existing state of the system, from whatever cause that state may have been produced. Thus, one person in those states, is affected with dropsy, another with consumption, &c. not, as has been supposed, as an immediate effect of the venereal disease, but more likely from the great debility which has been induced, or immediately in consequence of improper treatment itself.

### *Operation of Mercury.*

The same lymphatic vessels which absorb the venereal virus, seem also calculated to convey its antidote mercury.

Many strange and truly ridiculous opinions have been adduced respecting the *modus operandi* of mercury, in its removal of the venereal disease. But we seem nearly, or rather as completely ignorant of this fact as ever, and the only opinion which, among the better informed and thinking part of the profession, has yet survived the general wreck is, that the mercury, meeting with the venereal virus in the system, acts chemically upon it, and thus renders its virulence inert. For my own part, I really think that even this last opinion is far from being correct.

I question very much if mercury has any effect on the venereal virus itself; indeed I believe it does not act at all in this way, (and even if it did, it would not in this way remove the disease,) but that it produces a change in the constitution, which first occasions a complete stop to the regeneration of the virus, and ultimately its total extinction. It is then only by this general mode of action, that mercury produces its beneficial effects, for, externally applied to the affected part, such as a chancre, no such destruction of the venereal virus is obtained. Indeed, I believe when such sores heal by the external application of mercury in any form, it must be either by their emollient or by their escharotic quality, not by that substance being absorbed, and thus destroying the disease.

As the venereal virus probably pervades every solid as well as fluid belonging to the body, so it is reasonable to believe, that the use of mercury consists in its power of being capable of affecting every part where the virus may be lodged, and of ultimately changing the diseased action of these organs,



so as to enable them to resume their healthy functions.

I may remark, that in whatever form mercury may be introduced into the system, we find, all other circumstances agreeing, that its ultimate effects are the same. Thus, externally applied in the form of ointment, by friction the cuticular absorbents carry it into the circulating mass. And when administered internally, in the form of solution, pill, &c. the absorbent vessels, situate on various parts along the intestinal tube, which are more active than those on the skin, are sufficient, by their own powers, without the aid of friction, to carry the mercury into the system.

The general effects of this active substance on the system, when unnecessarily pushed to the greatest extent, are very numerous, and never ought to exist under proper treatment. The pulse seems first accelerated with throbbing of the temporal arteries. This is soon followed by prostration of strength, and giddiness, especially on rising from a horizontal posture. There is now added paleness of face, the features shrink, and acquire a peculiarly unpleasant appearance. There is felt a disagreeable taste, which gradually increases, and this is soon after accompanied by a soreness in the mouth, and the gums bleed on the slightest violence being applied to them; the flow of viscid saliva is also encreased. The head is pained, the eyes are tender and somewhat inflamed, and these are accompanied by dullness and inactivity of mind. These symptoms generally encrease, and the ulceration of the gums cause them to separate from the teeth, which gives a sensation as if the teeth were loose. The inside of the cheeks swell, and that part which comes in contact with the teeth forms a furrow in the cheek, and even in some instances ulcerates. At length the tongue swells so much as to be protruded without the mouth, to which the patient cannot return it. The pain in

the mouth becomes excessively distressing, from which there is now a perpetual and very abundant flow of saliva. The patient is now incapable of taking nourishment, and even his face is greatly swelled; his sleep is disturbed, or rather entirely interrupted, his temper becomes irascible, and his state is truly deplorable. Unless the exhibition of the medicine be now stopt, it may even prove destructive of life.

We should in every case reflect, that, under the most judicious application of mercury, pernicious effects will sometimes be produced, which may not only render a change in the particular preparation of that medicine, or in our mode of applying it, absolutely necessary, but even for a time the total suspension of its action on the system. This is a very unpleasant state of constitution for the administration of mercury, but it sometimes occurs, and nothing but attention to every particular connected with the patient's health, with his disease, and with every circumstance of his constitution, can alleviate or obviate such effects.

Mercury then is, in some degree, an universal stimulant; and although capable of producing very alarming effects, when judiciously introduced into the system acts as an antidote to the venereal virus. In slight cases, particularly before the glandular system, bones, &c. become affected, the cure is easily and soon completed. But when the disease has advanced, so as to affect one or other of these parts, the cure is not only more complicated, but, in the generality of cases, more tedious.

When mercury does not produce pains in the bowels, or violent purging, I have, so far as my experience goes, observed, that its effects on the system are sooner produced, than when this substance was applied externally in the form of ointment. But when the contrary is the case, when purging and griping follow each or any of the doses

of the mercury, the absorbents of the intestines are too much stimulated to act in a healthy way, and the mercury not being absorbed, passes off by stool, and consequently cannot produce any effect on the disease.

Those constitutions, indeed, in which the mercury seems to produce the fewest evacuations, are soonest cured by its use; and those in which they are greatly promoted, are most tedious of cure. Indeed, while this last state continues, the disease, in general, suffers little or no abatement,—the constitution is greatly affected, so much so, that the patient is often reduced almost to a skeleton.

In general, we will find that those who have formerly taken little or none of this substance, are much easier affected by it than others who have been in the habit of using it for a great length of time. Indeed I have met with various cases where two or three pills each day, or one dram of ointment, composed of equal parts of hogslard and quicksilver, easily affected the constitution in a few days; but others, or even the same patients, after using mercury for a long period of time, have been able to take four or five times the above quantity without being more than slightly affected by it.

The most favourable state of constitution for the exhibition of mercury is, when the venereal symptoms gradually disappear as the mercury takes possession of the system. The constitution, thus replete with the mineral poison of mercury, is left free from venereal contamination, and from the virus ceasing to act, upon its application being withdrawn, the inconvenience arising from it is only of a temporary nature, generally leaving the constitution sound and readily to be acted upon by whatever is salutary and nourishing. But if the venereal poison be not completely extinguished, it continues its ravages on the system, which nothing but its total destruction can arrest.



In some instances we find it quite impossible to affect the system in any visible way by the use of mercury, but if there be produced by it encreased action of the circulation, diaphoretic effects, fœtid breath, fœtid urine, emaciation, and prostration of strength, we are pretty certain of the mercury having been general in its effects, and will ultimately cure the disease. I think I have observed that as the prostration of strength and emaciation proceeded, the symptoms of the disease evidently abated.

But, so far as my experience warrants me to state, I have observed in such patients a greater proportion of them afterward affected with secondary symptoms, than in those on whom the mercury had produced all the effects expected from it, and where the disease evidently abated on these effects being observed.

Without some of these appearances, we have no proof that the morbidly contaminated structure has undergone the proper change,—that the universally pervading influence of the venereal virus has been entirely destroyed.

In almost every case of this disease, perhaps we will find that every one of the preparations of mercury disposes the diseased parts to assume a healthy appearance, and finally restores them to perfect soundness. But when this is not the result of such applications, particularly after a great quantity of mercury has been administered, the sores, &c. become worse, then we may be assured that the disease either has not been venereal, and is evidently aggravated by the mercury, or that it has entirely lost its venereal disposition, is kept up by the action of the mercury on the system, and cannot be cured till it be laid aside, and a different plan of practice pursued.

*Effects on the Mouth.*

However great the preference may be which men have from time to time given to any one particular preparation of mercury, it does not appear that either of these various preparations have, in general, even in the hands of their greatest admirers, produced any very beneficial effect till salivation in a greater or less degree was produced. This seems to be the general effect necessary for the regulation of our procedure in all constitutions, before we can positively determine that what we expected from it will follow. Yet we find in certain habits, that salivation may be produced and continued for some time without any remarkably good effect; but when the preparation has been altered for another, although the salivation is not encreased, the symptoms of the disease begin to abate, and are speedily cured. What can be the reason of this?

The visible effects of certain preparations of mercury, not only on the disease, but on the mouth, salivary glands, &c. are various in different individuals, and even in the same individual at different periods. For we sometimes find that a very small proportion of that medicine, either in the form of ointment, pill, or solution, will at one time produce salivation, while at other times it is necessary to employ a very large proportion to produce any visible effect on these parts. Thus, we see the necessity of acting according to circumstances, rather than being guided by any general rule in our administration of that medicine.

I think I have frequently observed, that when a patient takes a great deal of mercury before he is affected with it as above, when the salivation did commence it was excessive; this circumstance ought to put us on our guard when this state of the system comes in our way.

In others we find, after one or two doses of mercury have been administered, the mouth will become very sore, and salivation will be present to a considerable extent. But this, on the mercury being discontinued, usually abates in a few days, and we in general find that recourse may be then had even to larger doses of the mercury than before, without producing any thing beyond moderate soreness of the mouth.

Sometimes, too, independently of our greatest caution in the exhibition of mercury, the patient shall be suddenly and unexpectedly seized with the most violent salivation. This being, in every kind of venereal complaint, always unnecessary, and sometimes even hurtful, is an unfortunate occurrence. But when such violent salivation is brought on by design, I do not hesitate to assert that the physician acts extremely wrong. From the violent inflammation, and often ulceration, which it occasions in the mouth, it causes to the patient great and unnecessary suffering. But a greater evil still is the consequences of such procedure. By it we deprive ourselves of the best sign we have of ascertaining the probable state into which the system has been brought by a slighter degree of salivation, as, when this inflamed or ulcerated state of the mouth has once been produced, we are obliged to abandon the use of the mercury, and often continues in this state a considerable length of time, after the general system, consequently the disease, is in the smallest degree affected by the medicine. Thus we are deceived, and the disease is suffered daily to gain ground, which, from the above cause, seems to us unaccountable as the mouth continues sufficiently sore ; yet even then, the patient's system is as free from the mercury as he had never used it. I may observe also, that the consequence of such a state of the mouth, is the cause of much after distress. I have at present a gentleman under my care, who has come to Edin-



burgh from a distant part of the country, in a most deplorable state. He caught a pox several years ago, and his medical attendant, not being much in the habit of treating such complaints, alternatively salivated and purged him most unmercifully. In this state he continued many months, and before he was dismissed *cured*, his bones, throat, and even nose, had suffered considerably. He seems now to be free from the disease, but the immense thickening of some parts of his mouth, and the strong adhesions which have taken place in others, render his condition extremely distressing. I am at present employed in occasionally *dissecting* the parts where necessary, in order, if possible, to enable him to open his mouth, which he has not been able to do, to nearly its natural extent, for several years. I think, from the progress I have already made, I shall in a great measure effect my purpose.

Violent salivations are thus not only injurious by their immediate effects, but their after consequences, as just stated, on the mouth, &c. are very distressing. The debility, too, even in the strongest constitutions, independently of the circumstances now stated, and the absolute danger which sometimes arise from them to those of weaker habits, will at all times have great influence with the cautious practitioner.

If the salivation should become very profuse, the local application as a wash to the mouth of an infusion of oak bark, a decoction of galls, diluted lime water, or a solution of borax, are all very useful in keeping the mouth cleaner and easier than it would be without them. If costiveness prevail, of course a dose of physic will also be of great service.

Mercury often affects several of the secretions at the same time; but in order that we may be regulated in our administration of it, our principal attention must, independently of particular exceptions to the rule, be directed to the effects it produces on the mouth. By attention to this, in almost every

case, we shall be able to regulate our doses so as to ensure the greatest success from its application. Not only does the breath, when the mouth becomes sufficiently affected, acquire a very disagreeable smell, but in some, more than in others, the same sort of smell, in some degree, seemingly issues from the whole surface of the body.

Sometimes great pain in the mouth is experienced during a course of mercury, from the presence of a decayed tooth, which previous to that gave no uneasiness. When, therefore, these pains become excessively troublesome, we ought to examine the mouth, and remove such teeth as may be in some measure the cause of this painful feeling.

### *Diarrhœa.*

We never ought to use purgative medicines either immediately before or during a course of mercury, unless when, from a constipated state of body, they are absolutely necessary. By their too free use, which is no uncommon practice, we are apt to induce that state of the bowels which, during the course of mercury, will almost infallibly occasion diarrhœa. Thus the venereal disease itself is not only unchecked, but the patient is ultimately exposed to a much greater degree of debility than is necessary.

In some patients, independently of the use of purgatives, the first or second doses of mercury often occasion considerable griping and purging; but this, even without the use of opiates, or any other medicine, soon abates, when mercury may be administered without occasioning any such inconveniency. It is proper, however, during such symptoms, to administer an opiate or some other medicine for their relief.

In some the diarrhœa is obviated, throughout the whole course, with the very greatest difficulty. In such patients, the greatest possible attention, both

on the part of himself and his medical attendant, is absolutely necessary.

*Exposure to Air.*

It is extremely fortunate, that after almost every mercurial course, unless it has been very ill conducted, the patient, although emaciated, is in high spirits, his appetite is good, and his victuals soon restore his corporeal deficiency. In short, I believe there is no disease, or rather no remedies necessary for the removal of disease, which reduces the body so much, and which is so soon restored by nourishing diet, moderate quantities of wine, bark, and free and dry air.

It has been observed, that the cure of lues venerea is more difficult, or rather more tedious, in cold climates than in warmer latitudes, and this has given rise, I think, to much unnecessary speculation. We all know that during a course of mercury, the most speedy effects of it in arresting the progress of the disease, are obtained while the patient is under confinement; but this degree of temperature (though the contrary is asserted by authors) evidently acts on the remedy applied, not as producing any specific effect on the nature of the disease itself. Exposure to cold, on the contrary, particularly if the air be damp, is in almost every case injurious. Gripping in the bowels and purging are the common consequences, but this can never be said to be owing to the effects of the cold, &c. on the disease itself; for, if previous to this the mercury has been administered in the form of pill or solution, changing either of these forms, and applying it in the form of an unction, will in almost every case prevent the above effects, even although the patient be exposed to the same degree of cold as formerly.

I have no wish to inculcate the propriety of a patient going at large during a course of mercury, un-



less confinement would be a great inconvenience to him, and even then only during mild forms of the disease, when a severe or a long continued course of mercury is unnecessary. I know that there is considerable risk in a patient being much in the open air when the disease has affected him severely, or when he is under a violent salivation. Besides, the appearance of such a patient is so disgusting to people in general, from his haggard and cadaverous countenance, with a stench issuing from every part of his body, especially his breath,—that, independently of the danger, a sense of propriety ought to prevent him from being exposed to the chance of seeing company.

It ought to be a never forgotten rule, although seldom attended to, in the treatment of these complaints, when confinement is absolutely necessary, regularly to ventilate the apartment at least once a-day. This may be done while the patient adjourns to another room during that process.

With respect to exposure to the influence of the atmosphere during a course of mercury, I conceive that no general rule can be laid down for it, as we must be entirely regulated in our conduct by the effects it produces. I myself know perhaps as many gentlemen who have taken mercury with the very best effect, although every day exposed to the influence of the external air, as have suffered under a similar course from the same cause. One general rule, however, ought to be observed, that all dampness and excessive heat, from whatever cause, must be avoided.

Although unnecessary in all then, yet in some particular constitutions, it is absolutely necessary, under every course of mercury, to enjoin strict confinement.

In such as I have alluded to, the slightest exposure to the common atmosphere, almost immediately causes griping and purging, which are at

such times always unfavourable occurrences. In some, I have even observed this peculiarity of disposition continue for weeks, or even months, after it had been found unnecessary to discontinue the course of mercury.

But, by a little attention, we will perceive that at these times the bad effects of such exposure, is more generally occasioned by a sudden transition from one extreme to the other, than by exposure to that uniformity of temperature to which those under such medicine ought always to be exposed. I am, therefore, fully of opinion, that, previous to confinement, exposure to a dry and moderately cold atmosphere can do little or no harm ; but if, after confinement, even for a single day, has been adopted, the patient ought not, unless in the very best of weather, to expose himself to the cold, particularly if damp, till he is completely cured. When I mention exposure to the common atmosphere, I do not mean, that in addition to this we may use our accustomed exercise as in health ; for, in no form of the venereal disease is a patient justified in using much exercise, as, by doing so, he is very apt to create to himself much unnecessary uneasiness.

Whether or not we may judge it necessary to desire the patient to remain in the house, it is always proper, under the operation of that medicine, to order flannel shirts and drawers to be worn during the winter, and calico ones during the summer months.

It will always be found that much less mercury is necessary to cure the disease under confinement, than if the patient be allowed to go daily into the open air.

Confinement to the house, then, or allowing the patient to be much in the open air, must, like the regulation of our conduct in various other circumstances, respecting both the disease and its cure, be entirely regulated by the effects which the one or other of these methods have in the removal of the

disease. If the summer air, for instance, produces no unfavourable symptom, why use confinement, which, of itself, is at all times debilitating? and if the air seems to have a bad effect, it would be madness to continue exposing the patient's health to its bad effects. I lately, for instance, attended two gentlemen at different periods, who were very differently affected by the mercury, although both were ultimately cured of their complaints. One of them had previously undergone a course of mercury, and then, as well as on the occasion I have alluded to, could not be half an hour exposed to the air, even in the best weather, without being subject to a violent diarrhoea, and the most painful griping in his bowels. But these speedily and entirely left him when he betook himself to his chamber. The other had been uncommonly unfortunate in his amorous encounters, and, for a succession of venereal complaints, had taken mercury almost constantly for three years. During all that period he was scarcely ever confined a single day, and his complaints all disappeared as speedily as could have been expected, even under the very strictest confinement.

When, therefore, exposure to the atmospheric air is not, to a patient under a course of mercury, absolutely hurtful, it ought always to be permitted. Constant confinement within doors, besides other inconveniencies, depresses the mind, and renders the patient doubly uncomfortable. On the contrary, all other circumstances agreeing, moderate exposure to a free dry air enlivens the spirits, prevents, in a great measure, the debilitating effects of the medicine, and, indeed, renders the system, if it be deemed necessary, capable of having, with the best effect, a larger quantity of mercury administered than can be done under any other circumstances.

Whether or not from the particular and already formed opinions of the medical attendant, the preceding conduct be adopted, we always find, that af-



ter, or even during, the latter period of a long continued course of mercury, it is always proper, as sanctioned by every medical gentleman, to remove the patient to some country situation, where the air is pure, but not damp; and where, so soon as he may be able to walk abroad, he may enjoy all the numerous benefits arising from such a situation. When the mercury has entirely left the system, tepid bathing, or even cold sea bathing, or the cold bath in any sort of water, is highly beneficial. These, with nourishing diet, a moderate quantity of wine, with gentle exercise, seldom fail of speedily restoring the strength, often very rapidly, to its former vigour.

Frequent repetitions of lues venerea, or rather with the abuse of the remedies found absolutely necessary to destroy it, is extremely destructive of the constitution: perhaps the mode of living, too, which generally leads to the chances of frequent infection, has no inconsiderable share in at length producing such effects as we sometimes solely attribute as consequences of the disease alone. From these combined effects, the train of complicated sufferings, which, even in early life, many are doomed to bear, is truly afflicting. Even the stout and robust, whose appearance bade fair for good health and long life, becomes but a wreck of what he was; and in consequence of this, from his being almost constantly affected with one or other chronic disease, his existence actually becomes a burden to him. Premature age and early death in general close the miserable scene.

## APPENDIX I.

## CRITICAL EXAMINATION

OF

## MR HOME'S WORKS

ON

*STRICTURE IN THE URETHRA,**&c. &c.*


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MR HOME, near the commencement of his first volume, endeavours to prove the muscularity of the membrane of the urethra, but seems obliged to take a good deal for granted. I may, however, observe, that if we possessed a completely contractile power of the membrane of the urethra, paralysis of the neck of the bladder would not cause incontinence of urine; since, by the contraction of the urethra, it might be retained. We have then no proof whatever of this membrane possessing any contractile power; and the proofs Mr Home has given of this are insufficient, viz. the state of it during the passing of urine and semen, and the effect produced on it by the use of injections in gonorrhœa. For, while the urine passes, the muscles of the penis are generally flaccid, and consequently allow the membrane to be easily distended; but during the emission of semen, these muscles being suddenly and violently contracted, compress the membrane, and thus it is,

at that time, rendered narrower ; and the same effect is produced on these parts during the use of injections. Mr Home constantly runs into error in this way, as if not aware that the muscles have any effect in compressing the urethra. Having presumed the muscularity of the membrane of the urethra, he proceeds to give the following account of its influence in the production of stricture.

“ Contraction and relaxation,” says he, (vol. I. p. 19.) “ are the natural and healthy actions of the urethra ; but this membrane, like every other (part of) muscular structure, is liable to a spasmodic action, which produces a degree of contraction beyond the natural ; and in that state the canal loses the power of relaxing till the spasm is removed. When this happens it constitutes disease, and is termed a spasmodic stricture.

“ While a stricture is in this state, it is only a wrong action of the membrane of the urethra ; and if the parts could be examined in their relaxed state, there would be no appearance of disease.

“ When a portion of the urethra is disposed to contract beyond its natural easy state, this disposition commonly increases till the part becomes incapable of falling back into a state of complete relaxation, and the canal remains always narrower at that part.

“ In this stage it is both a permanent stricture and a spasmodic one. It is so far permanent, that it is always narrower than the rest of the canal ; and so far spasmodic, that it is liable to contract occasionally in a still greater degree.”

This, in all probability, is the most correct account of the formation of strictures that can be given ; indeed I believe it is in this way that almost every stricture is formed ; and it is only by neglect of them in their early stages, or by harsh and unwarrantable treatment, that they ultimately become of a permanent nature, or require the complete de-



struction of their substance, before they can be removed; and even after all this, the patient is often not relieved, but obliged to drag out a life of perpetual misery.

Mr Home himself seems of this opinion, in p. 23, speaking of spasmodic strictures, and their effects in the production of permanent ones, he says, "A stricture having arrived at that stage which renders it permanent, does not prevent it from having also a spasmodic contraction. This, however, in many instances, is in a less degree after the disease has been of some years continuance, than at a more early period; for we find patients who have been subject to occasional suppressions, afterwards entirely free from them, the disease in its increase having rendered the parts more indolent, and therefore not so readily affected by accidental causes; but when the stricture becomes very small, the occasional suppressions return, and become more serious" To this I would answer, they certainly do; but, under the above circumstances, had proper precautions been used, no such serious termination need have been feared. In short, to sanction the frequent use of caustic, it is absolutely necessary for its advocates to admit of more or less spasmodic action in all cases, where what is termed permanent stricture is supposed to exist. This is indeed Mr Hunter's opinion, but, by mistake I suppose, differently moulded by Mr Home. If by any one it be asserted that permanent stricture exists, and if, at the same time, he wishes only to prove the existence of spasmodic stricture, it may be urged that it is purely of that nature; and if, on the contrary, it be contested that it is purely spasmodic, it may be admitted that spasm does exist, but that it is in consequence of a permanent obstruction of the canal, which can only be relieved on the removal of the obstruction.

To prevent repetition, I wish it to be particularly understood, that it is to Mr Home's practice alone

that I here object; and of his theories I shall take notice only when they seem likely to lead to erroneous practical conclusions. Mr Home, in p. 31, makes the following remark: "It will appear evident, that a contraction of any particular part of the canal may be brought on by an unusual or preternatural degree of action in the membrane itself, without any new formation whatever." It need hardly be stated, that, in order to form a contraction of any natural canal, possessing, as I have endeavoured to show, no muscular power, additional substance is absolutely necessary.

"A gentleman," says Mr Home, in p. 52, "in the act of copulation, felt, at the instant the emission should have taken place, considerable darting pain in the urethra, and found afterwards a few drops of blood upon his linen; about an hour after, he had occasion to make water, and, in preparing to do so, the semen which should have been emitted, appeared upon his shirt in considerable quantity.

"I was consulted upon the cause of such *very unusual!* and *distressing!* circumstances. On hearing them stated, I informed him that there must be a stricture in the urethra, which *alone* could explain what had happened; this he was inclined to doubt, as he made water *very well*; but, upon passing a bougie, (which alone caused contraction) an obstruction was met with just beyond the bulb of the urethra; and upon allowing the bougie to remain, with slight pressure against the stricture for a few minutes, it was capable of being passed on to the bladder." Now, all these circumstances are easily explicable, without supposing the existence of stricture. During the act of emission, rapid contraction happened in the sphincter vesicæ, which closed the apertures of the vasa deferentia; and when relaxation occurred, to allow the passage of the urine, the semen also escaped; and it is in the same manner that semen is often emitted in great

quantity immediately after the orgasm. When the bougie was introduced, it had stopped at a small eminence, situated at the under side of the neck of the bladder, which often interrupts the introduction of the staff, and having by pressure overcome this, the bougie entered the bladder. Thus the gentleman himself judged correctly, upon observing that his water passed "very well," that he really had no stricture.

In p. 56, a case is related to show the similarity between stricture and gonorrhœa. But this seems to be a case neither of stricture nor of gonorrhœa, but simply a temporary spasmodic affection, with which people advanced in life are often affected, when they worship the Cyprean goddess.

In p. 62, Mr Home informs us, that strictures cause fatal peritonitis; and this he thinks extraordinary, as there is no immediate communication between the bladder and abdomen. He seems to have forgot that the bladder is covered by the peritonæum, and that absolute contact is immediate communication.

I cannot find, in all Mr Home's detail of local symptoms of stricture, a single one which I have not seen in cases purely of a spasmodic nature, and which, when attended to in time, I am daily in the habit of removing, by the properly regulated use of internal medicines, external applications, and the occasional *judicious* use of the simple bougie.

The constitutional symptoms of stricture mentioned by Mr Home, are principally of a febrile nature, attended with cold, hot, and sweating stages. In respect to this part of the subject, I may remark, that I have seldom met with a very violent case of spasmodic stricture, in which, at some period or other of the disease, these occurrences did not take place. I must, however, admit that I have never met with the different stages following each other so accurately as



those in which Mr Home has observed them. All this I conceive to be of little importance, and it can surely never be adopted as a diagnostic symptom of the affection. I think these fits of ague, as they are called, may be accounted for in a more rational way: 1st, From matter being lodged about the perinæum, in consequence of previous improper treatment of the affection, which, assisted by the dread into which the patient is thrown by the very thought of having a caustic bougie thrust into the urethra, will occasion the cold fit; and, 2dly, From the pain occasioned by the actual application of a caustic bougie wedged into the stricture.

With respect to the case of stricture, treated as an ague, in p. 66, I think Mr Home's conclusion erroneous. He says, "I have had a patient under my care, who for three years had this constitutional symptom of stricture in the West Indies, which was treated in that country as an irregular ague; but not finding himself relieved, he came to this country, and it was discovered, (by Mr H. of course) that he had strictures in the urethra; upon the removal of which, the ague disappeared, without the use of any internal medicine."

From Mr Home's mode of relating this case, it is evident that he had *no symptom* to warrant him to suppose the existence of stricture in the urethra, except those usually found in cases of ague. When we consider that, in all probability, the gentleman lived, while in the West Indies, in some situation where ague might be an endemic disease, and that on his return to England, he was removed from the very cause of his complaint, in a few weeks he might have been entirely freed from it, without either the use of medicine or caustic.

Mr Home tells us in another place, that strictures have been mistaken for nervous fever; that they cause *inflammation of the tonsils! fauces! &c.* In short, it would appear from such statements, that

strictures may be found to cause all the diseases that ever either had existence, or were invented by nosologists.

The cases of irritable urethra, mistaken for stricture, (p. 75.) according to the account given of them, appear much better fitted for the application of caustic, than many of the cases related in the book. Accidentally, however, a simple bougie was preferred, and proved successful. An injection of oil with a small proportion of tinct. opii, into the urethra, might have answered the same purpose.

What is the nature of the action produced by the application of the caustic, in those cases of irritable urethra, related by Mr Home, where even he allows that no stricture exists? It must be an entire destruction of the parts that have become morbidly irritable, and are incapable of resuming their healthy action by any power they themselves possess; or it may not entirely destroy the parts, but only cause an alteration of a more healthy nature to take place in them, by which they are rendered capable of performing their natural functions. To effect this last purpose, without running the risk of entirely destroying the organization of the parts by caustic, at least deserves some attention, and I have no doubt of our being able to accomplish our object.

The very earliest stages of stricture, before it has acquired that condensed form which nothing but the application of caustic or an instrument can remove, is certainly the time when surgeons ought to be most active and vigorous in their exertions for its removal. I do not hesitate to say, that it is in these moments a surgeon shows whether he is actuated by the powers of discrimination, by which his applications shall be external or internal, as the particular circumstances of the moment shall require; or if his sole dependence is on one remedy, viz. the lunar caustic, by which, indeed, he *may* effect a cure, but in doing so *must* run many chances of in-

volving his patient in great misery, perhaps for the remainder of his life.

Mr Home, in page 109, in a note, informs us of a physician in London, who certainly carried his aversion to the use of caustic too far in the removal of permanent stricture. He was seemingly as much wedded to one side of the question as Mr Home is to the other. The physician, it is said, left his fortune to his nephew, solely on condition, that, although the uncle knew him to be affected with strictures, he was not to undergo the burning process for their removal. The nephew complied with these conditions, and Mr Home says, he afterwards died in great misery. "In this case," says he, "it was found after death that the urine, prevented by the stricture from coming forward, *had forced its way backward upon the intestine*, instead of coming through the perineum; and the first symptom that gave alarm, was that of the fœces coming through the penis with the urine."

By what way urine, prevented from being evacuated in the natural way, could be forced backward into the intestine, and the passage which thus conducted it back, enable not only it but even the fœces to overcome the stricture, and pass off by the penis, is to me a most inconceivably mysterious occurrence.

In the very early stages of stricture, while yet there remains a great degree of spasm on the parts, and when, in a great majority of cases, the bougie cannot be introduced without occasioning the most excruciating pain; Mr Home talks with as much coolness of the *irritation*, as he terms it, which is often brought upon the strictured part, as if he were thrusting his finger into an easy glove, not as if he were introducing an instrument in this unprepared state into a canal, which, from its morbid state, is so susceptible of the most acute sensation. In page 110, he condemns the principal means, viz. internal



medicines, by which these effects were to be obviated, because, according to his theory, "no internal medicine appears capable of stopping the progress of a stricture." But, and I do not state it in support of any particular theory, I am in the constant habit, especially if applied at the commencement of the affection, by the *properly regulated* use of internal, and the *properly regulated* employment of external applications, of entirely and permanently removing affections of the most violently spasmodic nature, which in all probability would have terminated in permanent strictures. In short, under the existence of these contractions, no man is warranted to use the bougie, without having previously employed other means. According to Mr Home, the simple bougie, for the distention of contracted parts, is only of temporary benefit; and, *in the way he proposes*, this was the best effect which could arise from such practice.

That Mr Home has acquired from habit a degree of dexterity in the application of the caustic, no one will question; and where strictures of a permanent nature *actually do exist*, I believe, there is scarcely any other surgeon who would be so often successful in their removal. But when it is recollected that it is not the manual dexterity alone of one or more individuals that can establish a doctrine on scientific principles, and that Mr Home, in detailing his own successful treatment of what he conceived to be permanent strictures, is addressing himself to many other persons, not so dexterous, it is scarcely to be calculated what an immense number of blunders may be made, not only in mistaking the actual existence of permanent stricture, but in their deficient dexterity in the application of the caustic. The seat of the disease, as related by him, the nature and shape of the canal, and the uncertainty of the number and site of these strictures, together with the

impossibility, in the hands of many, of applying the caustic bougie to the exact spot where the obstruction lies, as well as the probability, considering the escarotic nature of caustic, of destroying every substance to which it is applied, ought at all times to induce an exertion to prevent a complaint arriving at that pitch of severity, when such applications may be necessary; and to occasion a pause before it be applied, especially when the propriety of those measures cannot actually be demonstrated.

In former periods, the most commonly preferred plans of operating, for the removal of permanent stricture, formidable as they may appear to some, were, considering the circumstances I have stated, more certain of effecting the exact object which the surgeon had in view, than the modern attempt to apply caustic through a long narrow passage such as the urethra, where nearly the whole extent of the healthy part of that canal must be cauterized as effectually as the part intended actually to be destroyed.

The most approved of these operations were, dissecting down upon the strictured part, and cutting it out; the other, by making an opening rather anterior to the stricture, and passing a flexible gum catheter through the opening into the bladder. Even Mr Home allows that he has frequently seen this operation successfully performed by John Hunter, and no untoward symptom occur.

From this Mr Home observes, p. 130, that "if the membrane of the urethra, when diseased, is capable of suffering so much injury, without any consequent symptom of irritation, it cannot be doubted that it will bear with impunity to be touched *in a very partial manner*, several times with lunar caustic." But, upon the very same principles, we may conclude, that because a man can, without exhibiting signs of the utmost torture, suffer a cut to be made in his finger, that he will bear with impunity to have his

whole hand seared over with a red hot iron ! The metaphor is just ; for, according to the present mode of cauterizing the urethra, I have no idea of a *partial application* of caustic to that part, and it is absolutely disgusting to hear it talked of. Seven inches, or, according to the common language, *seven and a-quarter*, must, less or more, according to the dexterity of the operator, be injured by such application. If the urethra does not receive much mischief from removing the stricture nearest its orifice, it must be completely destroyed before the removal of the second, third, fourth, fifth, or God knows how many more ! which are everlastingly found snugly situated nearer the bladder.

In the following paragraph, p. 131, Mr Home is certainly right, when he informs us, that “ his observations are published with a view to extend the use of the caustic to a greater variety of cases, and, in some measure, upon a very different principle from that upon which it was applied to in impervious strictures, by the late Mr Hunter.” Further on he says, “ he wishes to place the merit of the invention, as well as the mode of applying it, where it was due,” viz. to Mr Hunter, a name which, by the bye, Mr Home introduces on every occasion where he is in want of respectable authority to support a repulsive doctrine. I wish Mr Hunter were still alive to give us his opinion.

I really find so much may be said respecting Mr Home’s practice in stricture, that I fear my readers may imagine I do it from pique ; but I assure them that is not the case, as nothing is farther from my intention. I have no knowledge of Mr Home but from his writings, and even if I had, I hope neither himself nor any liberal enquirer after truth will imagine, that there possibly can be any thing personal in my remarks. I have no particular interest, either in his success or want of success ; it is matter of fact and sound reasoning alone, that I have been,



and I hope always shall be in pursuit of, and I am sorry that, I cannot think I have found enough of it, even in many of the best medical publications. But to the point: In p. 132, Mr Home, not contented with applying caustic for the removal of what he terms permanent strictures, strenuously recommends its use, in preference to the bougie, in what he terms irritable strictures; in other words, I suppose he means spasmodic strictures. I trust I do not misunderstand him; for I have no wish to do so; however, if I do, I shall be glad to be put right. I hope Mr Home succeeded in all the cases of this nature, in which he attempted the introduction of the caustic; I say I hope so, for if such strictures resembled those of the same kind which are constantly occurring in practice in this place, there must be a peculiar charm in his mode of applying that substance so as to cure them. I formerly stated, that in such cases, internal medicines, external applications, and the occasional and most judicious use of the simple bougie, were all in their turn necessary to effect this purpose; that burning away these strictures was merely removing the *effect* of the spasm for a short period; for the *cause* still continuing, the constriction would again and again occur, not probably in the same place to which the caustic was formerly *intended to be applied*, but to every part of the urethra, and possibly to eight or ten different parts of it at the same time to which it actually was applied.

Mr Home gives two long cases in proof of this part of his doctrine. He passed bougies repeatedly into the urethra of both patients, till he brought on the most alarming symptoms, among which were abscess in perinæo, when he deemed it prudent to desist. He then applied the caustic a variety of times in each instance, and, after occasioning great distress to both patients, he cured them.

In the cure of diseases in general, and of stricture probably among the rest, there is usually, for days or weeks previous to a complete cure, a gradual approach towards that state. But, in not a few of Mr Home's cases, we find the patient perpetually racked with the most agonising pains, either from the nature of the disease, or from the peculiar quality of his instruments of *cure*; and before we have had a moment to recover from sympathizing with the wretched patient's sufferings, we find him *dismissed cured*!

Mr Home then, p. 150, enters into a long apologetical oration, with an attempt, at the same time, to show (from instances of other parts of the body suffering violence, without danger) with what *safety* caustic may be applied to the whole internal membrane of the urethra.

He says, "spasms in particular muscles, as in the intercostalis, diaphragm, muscles of the arm or leg, come on from slight constitutional irritation, or local injuries, attended with little violence; the cause is often so slight, as entirely to escape discovery, and the treatment most generally found to succeed, is blistering the surface nearest the part affected, which is one of the most violent applications we are enabled to employ." Had Mr Home transferred the same sort of reasoning, and the same practice, to those strictures in the urethra of a spasmodic nature, with the judicious addition of other articles, which taken internally, or applied externally, might tend to produce similar effects;—had he done so, I say, much unnecessary suffering might have been avoided by some who have had courage to submit to such rarely necessary practice, as the burning of the membrane of the urethra. Indeed the application of caustic bougies to the membrane of the urethra, in these strictures, acts in their removal, on the same principle as a blister applied to the perineum, or under part of the penis; only with this difference, that in the first, some portion of the membrane of the urethra must be destroyed, and

much damage to the canal in general, will probably be the consequence ; while in the other, viz. blistering externally, aided by internal medicines, &c. the stricture is removed without doing the slightest injury to these parts. In p. 155, even Mr Home seems sensible of this, for he says, “ This general principle of spasmodic affections and local irritations, yielding more readily to stimulating applications, is now found equally applicable to affections in the urethra.” I agree with him, we only differ in our mode of applying them. He burns off the very structure affected, and at least every part anterior to it, with lunar caustic ; while I endeavour to remove it by antispasmodics, blisters, the occasional use of the bougie, &c. without injuring the structure at all. No doubt can be entertained which is the easiest and safest way ; and there is no one capable of reasoning, but must be convinced of the permanent benefit of the latter, in preference to the former.

In p. 158, Mr Home commences a comparative enquiry respecting the bougie and the caustic. He says, “ It is not my intention, by any means, to discourage the use of the bougie, which is certainly a very useful instrument ; but as it is found to be limited in its powers, it becomes important to point out a more active application, which may be capable of producing a cure, where that shall have proved inadequate.” On the contrary, then, I should, according to his mode of using the bougie, entirely discourage it, as, when applied in that way, it is not only very limited in its powers of relief, but productive of the most exquisite distress to the patient ; yet, when more scientifically applied, and that in the early stage of stricture, it is preferable, and will ultimately be preferred to the lunar caustic.

The remaining parts of this section are employed in reasoning upon the comparative effects of these applications. I think Mr Home reasons on this



subject with much accuracy ; but he seems in his practice to forget to distinguish the very circumstances upon which his reasonings turn.

In p. 173, he informs us, that “ it often happens, that when there are several strictures, the application of the caustic to that which is nearest the external orifice, affects all the others, and makes them relax, so that the stream of urine which before had been very small, shall now be large and free ; and after this has been destroyed, and the caustic is applied to one nearer the bladder, the very contrary effect is produced.” This he calls sympathy between parts. That sympathy between parts may cause a slight constriction or relaxation of them appears to me very evident ; but how it should cause so complete a relaxation of the constricted part, as to allow the stream of water, before small, to become “ large and free,” is beyond my comprehension. Permanently constricted parts become, in some measure, like natural cavities, which force or continued pressure may enlarge to a great extent ; but sympathy seldom, I may say never will, particularly in parts such as the urethra, destitute of muscularity, and over which the will has no power. The truth of the matter is just this, the reasoning of Mr Home can only be applied to a *spasmodic* affection of the part, altered in its mode of action for the moment, by the caustic application, which also caused all those spasms nearer the bladder to disappear. The contrary effect produced, as asserted by Mr Home, when the caustic is applied to one still nearer the bladder, can never be accounted for by any process of reasoning with which at least I am acquainted ; it must have been owing merely to some accidental occurrence. That many curious facts must have occurred to Mr Home in his practice, I have no doubt, but no person should even attempt to establish a doctrine upon an anomalous fact.

In perusing the 196 pages of Mr Home's first

volume, it has been observed, that numerous spasmodic strictures have by him been considered as permanent, and treated accordingly; and even where caustic is recommended for their removal in preference to the bougie. It may surprise some to find, under the head of "circumstances under which the use of caustic has proved unsuccessful," spasmodic stricture;—spasmodic stricture, then, may be incurable by the caustic!! Spasm of these parts may be subdivided into six or eight different kinds, and complicated in a variety of ways with permanent stricture; but will this be satisfactory to such readers as choose to reason for themselves? No.

Some observations in Mr Home's works seem of a paradoxical nature. It is asserted in various parts, and cases detailed to prove it, that the application of caustic for the removal of stricture does not bring an irritation; in other instances, as in p. 196, we find that it did bring an irritation. But perhaps during the composition of the book, cases of different result may have occurred to Mr Home, which shows the danger of making statements too general.

To make remarks on all Mr Home's cases that follow this part of his book, would be unpleasant to myself, and perhaps uninteresting to my readers: I shall, therefore, particularly refer to or detail only a few, to which he has given the name of permanent stricture, or such as he deemed incurable by means of the caustic. In this very dry part of his subject, I may have overlooked a number of cases to my purpose; but I believe those I shall subjoin, will be found quite satisfactory in respect to what, in the previous pages, I have endeavoured to prove.

In p. 210, Case v. appears one of simple gonorrhœa, in which the increased contraction of inflamed parts, caused the belief of stricture, which led Mr Home to a train of unnecessary and severe practice.

Case vii. is one of gleet. Mr Home for the most part informs us, that a gentleman from the East Indies applied to him with a case of stricture, &c. and this mode of statement doubtless precludes question; but sometimes he relates more distinctly the history of the case, and shows us that he suspected the presence of stricture on very slight grounds. In this case, for instance, the patient had a gleety discharge, incontinence of urine, erections, and nocturnal emissions; in short, general depravation of health, succeeding gonorrhœa. Mr Home supposes this to be a case of stricture, and not recollecting that irritation produces contraction, he, because his bougie was opposed by an obstacle which it might itself have excited, was *certain* there was stricture. Consequently he destroyed all opposition by the caustic, and says, "I applied the caustic to this stricture three different times at the usual intervals, and the passage then admitted a common sized bougie. Finding that, in other cases, the passing a bougie, under these circumstances, brought on irritation, I did not propose the use of it, and left the parts entirely to themselves." Now, if he had observed the circumstances accurately, he would have said, the irritation of the bougie and caustic brought on inflammation of the urethra, which cured the gleet.

Case viii. exhibits a spasmodic affection of the urethra, or rather the sphincter vesicæ, which was removed by a hemorrhagy which the caustic induced; but might have been equally well, and far more easily removed *for the patient*, by leeches applied to the parts.

In case ix. a young man *from the country* ! called on Mr Home to tell him that he was *perfectly cured* of a stricture. Mr Home advised him never to travel without bougies, then introduced one into the canal, a contraction was perceived, and Mr Home



*applied the caustic ! !* “ The application,” says he, “ was repeated four times before the passage allowed a full sized bougie to go through the stricture ; it was, however, much larger than any that had been passed before ; I then desired that the parts might be left entirely to themselves, and *not disturbed* by passing a bougie ; in this state the *young man !* was at last suffered to return to the country.” If Mr Home had not disturbed the parts by his bougie, at a time when the patient had no complaint, he must have escaped all the painful and unnecessary treatment to which he was subjected.

Many of Mr Home’s cases of stricture are of a singular nature ; there is *no impediment* to the urinary evacuation, nor any want of retention ; in other words, *the constricted canal is as wide as usual*.

Case xii. is one of gonorrhœa first, properly treated and cured by a judicious surgeon ; and though the gonorrhœa returned, proofs of stricture are deficient till after the application of bougies.

This is a case of mismanaged gonorrhœa running into gleet, and protracted four years. One surgeon thought it a gonorrhœa, and removed the discharge by injections ; another supposed it stricture, and also removed the discharge by bougie ; Mr Home at last produced a cure by means of caustic. This case, after the gonorrhœal inflammation had subsided, was converted into a bad gleet, and as in other obstinate cases of this nature, the common remedies alleviated, but did not remove it, so that when any one introduced a bougie, the irritation made the canal contract round the instrument, and hence the idea of stricture, which in reality only existed while the irritation of the bougie continued. At last Mr Home, under the idea of curing stricture, cauterized the canal, and, by this inflammation, removed the gleet, which could at first have been much better, and far more easily accomplished in a few weeks.

In this whole section, the proofs of stricture are deficient in every case : Case fourth it appears, baffled even the caustic to remove the discharge, and the patient of course remained uncured: This affection, if I may judge, not only from my own experience, but from that of others in the habit of treating these diseases, could have been completely cured by the internal use of cantharidés.

In the cases of section third, p. 272, it is related, that a small tumour like a pea, was distinctly felt in the urethra. What is this but the caruncle of Wiseman and others ? Mr Home supposes this tumour to arise from the thickened edge of a lacuna ; but I am much inclined to believe, that in all the cases of this section, this pea-like body, or something similar, was the real cause of the obstruction, and that the manifold strictures found in each canal, were caused by the irritation of the bougies.

It appears that, in some instances, the stricture was rather the effect than the cause of fistulæ in perinœa, as in case v. p. 312, “ A gentleman had a stricture, which *was not known* till it had produced a fistula in perinœa.”

Mr Home informs us frequently, that the hardness in perinœa is removed by the application of the caustic to the stricture, and the hardness is the only proof of the stricture existing (see case v. p. 314, &c.) But the tumour would have yielded much more readily, if the caustic had been applied in powder to its own surface externally, or, perhaps, even to the application of a blister over the external surface of the tumour. It is a fact, which I have often seen realised, that a piece of caustic applied, for instance, over the surface of a bubo for the purpose of opening it, a practice adopted by some, diminishes the size of it in one or two days, and, by a repetition of the same practice once or twice after-

wards, the tumour has entirely disappeared without bursting.

In case vi. p. 316, a swelling between the anus and scrotum, had existed years before a stricture seemed to have formed. The case seems to have been a gleet, accompanied with occasional spasms aggravated by the bougies, and at last cured by the inflammation induced by the caustic. This disease had remained about nine years: Mr Home concludes the case thus: "After the removal of the strictures in the urethra, a spasm came upon the bladder in the middle of the night, and then went off." Was not there now as much reason to apply the caustic as formerly? We indeed often find, that the same symptoms do not induce a repetition of the treatment; I must conclude that once was found *enough*, although it is not expressed.

Page 322 is a case of occasional spasm, arising from the stimulus of the urine or of the semen, on the tender urethra; and the last case in this section, is a well marked one of inveterate gleet, with occasional spasm, at last cured by the caustic.

Case I. page 338, 'entitled, "Strictures attended with complaints of the stomach and eruptions on the skin," does not seem to be any thing else than an inveterate gleet, accompanied as usual with general debility and depravation of the appetite, &c. which affection was removed by the local application of caustic, and the internal use of corrosive sublimate.

Case IV. page 345, entitled "Stricture with nervous fever," affords sufficient proof that stricture existed independently of the bougies; but the mucus discharge is mentioned indistinctly, and the general debility indicate something like gleet. Those who consult authors will find, that all the symptoms detailed by Mr Home, viz. nervous affections, restlessness, quick small pulse, uneasy disturbed sleep, with heat in the skin, and mucus discharge; nay, I may



add, all the symptoms of hectic fever, are brought on by excess of venery, where no strictures exist. In page 346, of the same case, "he had," says Mr Home, "*no apparent difficulty* in voiding urine, nor did he believe that *the stream was smaller than natural.*" Is the existence of a disease then only to be proved by its absence?

Case I. page 362, is pronounced stricture, though the symptoms seem to be the same as those in Case IV. page 357, which is deemed not to be a stricture!

I cannot avoid quoting the following case, page 363. "A gentleman," says Mr Home, "aged 30, had a frequency in making water, particularly in the forenoon, which continued through the day, but went off entirely on going to bed, and he did not make water till he got up in the morning. He had also a gleet, as it was termed, in consequence of gonorrhœa, which had continued upon him for two years. From the *frequency in making water, and the discharge!* I was naturally led to suspect there was a stricture!! and, therefore, examined the urethra by passing a bougie. I met with a stricture at five inches; this was removed by the caustic; another was found at six inches and a-half, which was also destroyed; and the bougie passed with ease into the bladder. The parts were now left to themselves, and the symptoms continued without any abatement. At the end of a month, the bougie was passed, to ascertain whether the stricture had been entirely removed, and it passed with great ease. The circumstance of the bladder being at ease during the whole night, made me suspect stone, which by its motion, gave uneasiness, but none when at rest. I sounded the bladder, but nothing hard was felt. The disease appears, therefore, to be an irritated state of the membrane of the bladder probably brought on by the stricture—In this case, there was little sediment in the urine. By the use of the

mephitic alkaline water, the patient has *almost* entirely got the better of his complaints."

This is a simple case of gleet, brought on by gonorrhœal inflammation; but Mr Home says, "the disease appears to be an irritated state of the membrane of the bladder, probably brought on by the stricture." The caustic, however, did not cure this patient, for Mr Home concludes the case thus: "This patient has *almost entirely* got the better of his complaints."

Case I. page 373, is a very well related and ably treated case of stricture and stone in the urethra. This case proves, that an irritating substance applied to the urethra, makes it contract, so as to form an impediment to the passing of the substance.

Case II. page 435, which Mr Home gives as an instance of hydrocele, cured by the removal of stricture, was probably a case of gleet combined with hydrocele. The caustic was applied to the urethra, which removed the gleet, by inducing inflammation; and, at the same time, the hydrocele was cured by stimulating the vessels of the neighbourhood.

Case II. page 475, very completely proves, that irritating substances, such as bougies and the caustic, may produce very dangerous constrictions in the urethra.

The cases adduced, page 484, &c. in support of stricture being the cause of ague, and which disappeared on these being removed, are by no means sufficiently supported. By a careful examination in the early stages of them, it will appear, that the patients resided in parts of the world where agues are common, and in all probability, in the neighbourhood of places which give origin to such complaints; that on the return of the patients, as has been formerly stated, to parts of this country, where no such causes operated, they would soon have recovered without the bougie. They were probably spasmodic strictures, occasioned partly perhaps from

the effect of the bougie, and partly from the horror into which the patient was put, at the very thought of such a barbarous operation.

The chapter, page 494, on the treatment of strictures in the œsophagus, is certainly a very extraordinary one. If, as I suspect, the disease arose from hysteria, combined with affections of the digestive organs, such severe treatment must have been unnecessary.

As a very great degree of similarity may be found in Mr Home's reasoning in both volumes, to be even as minute in my examination of the second as I have been of the first, (generally as I have treated the subject), might lead to unnecessary repetition, I shall therefore take notice of but very few of Mr Home's cases, as almost enough has already been said on that part of the subject.

Any person who may have read Mr Home's first, and as far as page 46 of his second volume, may feel surprised, after all his reasoning, and the numerous cautions held out to others, that even he should have fallen into such an error, as he is candid enough to acknowledge in that section. The case he has adduced in proof of irritation in the urethra, from inflammation in the internal membrane of the bladder, is simply a spasmodic affection. The disease, Mr Home informs us, was mistaken by a surgeon in London for stricture, to which he applied caustic, and thus, by destroying every obstruction, gave momentary relief, but did not in the least remove the tendency to contraction. Thus continually harassed, and having suffered greatly from hemorrhage, the life of the patient was brought into the utmost danger. In this state he applied to Mr Home for advice, who was, *by advice of his patient!* prevailed on to employ the caustic, although it had been so frequently used before, without yielding any thing more than temporary relief; and although he, (Mr Home), gives



it as a case of *no disease in the urethra* ! but one of irritation from inflammation of the bladder, the patient at length *died*, and the following were the appearances on dissection.

Mr Home informs us, that “ upon inspecting the parts after death, it appeared, that there had been no stricture in any part of the urethra ! The internal membrane of the bladder was in a state of ulceration, particularly the lower part, where the ureters enter into it, except a line not broader than one-eighth of an inch, extending from each ureter to the middle line, where the two streams would unite. The orifices of the ureters were in a state of ulceration, and inflammation had extended itself all along the internal surface of the left ureter to the kidney, the pelvis and infundibula of which were in a state of ulceration.”

“ The use of the caustic,” he adds, “ had made *five different holes* through the membrane of the urethra ! of the size of the end of a common bougie, at a small distance from each other ; and a *large abscess* had formed between the perinæum and buttock, into which the urine escaped by these orifices ! !” Good God ! what could have tempted Mr Home to make such a case known to the world ? Why has he exhibited such a mass of blunders and cruelties committed, not only by another surgeon, but by himself ? Why, if another surgeon went wrong, did he, *by advice of his patient* ! persevere in a similar plan of practice ? What became of all his advice and all his reasoning on such an occasion ? And, above all, when he did commit the fault, why did he expose himself by exhibiting the urethra with *five holes* in various parts to which the caustic had been applied *by mistake*, with a large abscess formed in the perinæum from the inflammatory action occasioned by the caustic, and the internal membrane, &c. of the bladder in a state of ulceration, probably from the same rude treatment

It seems, from the history of this case, that, even from the very commencement, by the properly regulated use of internal medicines and external applications, (not caustic bougies), this patient might have recovered.

I again urge, that the extreme difficulty of applying the caustic *immediately to the strictured part*, independently of every other consideration, is very great, and perhaps there are few surgeons capable of hitting the mark. The consequences of such an error, then, must be extremely frequent. Even by Mr Home's own confession, in some of his cases it has occurred to him, and, conscious of the danger, he makes the following observation in page 57. "To accomplish this, requires great attention on the part of the surgeon; since the smallest inaccuracy in the application of the caustic occasions it to get beyond the natural boundaries of the urethra, and the smallest excess of violence brings on too much inflammation, and consequently, in such thickened parts, a suppression (I suppose he means retention), of urine; while, on the other hand, too much mildness prevents the patient from making any advance towards recovery."

These circumstances must render burning with caustic an operation of a most ticklish nature, which ought never to be attempted till every other rational method we can devise, has completely failed of success, and even then, only by people who know what they are doing.

Case III. page 127, is advanced as a proof of the *effect of stricture* on the bladder. Mr Home introduces it thus: "The following case I am particularly anxious to lay before the public for several reasons; it was one which Daran and every surgeon since his time had taken charge of without success. It was one in which Mr Hunter tried the

caustic without performing a cure,' &c. This case Mr Home has detailed to the length of *one hundred pages!* and, after all, we find that he was equally unsuccessful! It appears that this was a disease of the bladder and left kidney, and of the prostate gland, under which the patient had laboured 53 years. On dissection, we find evidence that the affection of the bladder, &c. had extended itself to the urethra, which shewed no morbid symptoms, *except at the very points where the caustic had been applied.*

Although, undoubtedly, various substances existing in the kidneys, ureters, or bladder, occasion great irritation, and often violent contraction of the urethra, even when no disease exists exclusively in that canal, yet these contractions are almost always of a spasmodic nature, often originating in the urethra itself; in consequence of diseases of that canal, by the harsh treatment of the surgeon, or long continuance of the disease, sometimes extend their influence to the bladder, ureters, or even to the kidneys.

On inspecting the body of the patient just alluded to after death, the following appearances were observed.

“ The urethra had one uniform smooth surface throughout its whole extent; *there was no appearance of contraction in any part of the canal;* but, upon a minute examination, the spots, where the stricture at five inches, and that at seven inches had been, could be distinguished by the membrane being thin, *(of course by the burning with the caustic, not by stricture!)* and more compact at these parts than in any other. The prostate gland was enlarged, and several abscesses had formed in its substance; these had opened into the cavity of the bladder, and the inflammation they had produced had extended itself over the internal membrane, which was crusted over with coagulable lymph. This adventitious substance projected every where by very irregular processes into the cavity, and por-



tions of it had, during life, been occasionally separated and voided with the urine." Nor can I doubt that the too liberal use of the caustic promoted the inflammation, aggravated the symptoms, and hastened the death of the patient.

In page 243, Mr Home gives two cases as instances of stricture brought on by onanism. in neither of which is there proof that stricture existed previously to the introduction of the bougies. The first case is related in the following manner, page 247. "A gentleman who had early addicted himself to that pernicious vice, had the following symptoms brought on at the age of 21; frequent emissions in sleep, attended with lassitude, depression of spirits, and loss of general health; headach, inability to apply his mind to business or exert himself, for the whole of the day after such an effect had taken place. These occasionally happened for several nights in succession, and then left him for six or seven, but that was the longest interval. The event of these attacks upon his reasoning faculties was such, as to make him completely miserable. I explained to him, that I thought it probable the symptoms of which he complained arose from a spasmodic stricture *immediately behind the bulb of the urethra.*" What is there in these symptoms from which we could infer the presence of stricture? Not the general debility, lassitude and depression of mind; for what could produce these more effectually than the inordinate exertion of these organs. every act of which, in the most natural way, is succeeded by that very state of mind and body! Not the nocturnal emissions, for such practices induce these quite independently of stricture. (See my cases of this disease in a previous part of this work.) I have seen hundreds of such instances. Besides, the very diagnostic symptom is wanting, by which we have a right to infer the presence of stricture of any kind, viz. the diminished stream of urine. But Mr Home not only

judges that there is stricture, but predetermines the very site of it, "immediately behind the bulb of the urethra!" Now, as it appears by Mr Home himself, that the urethra was "in an irritable state, and possessed of preternatural sensibility," we can easily perceive why it was contracted when the bougie was forced into it. The complaint of this patient, Mr Home tells us, was very much relieved by the caustic.

In page 269, we find strictures producing other diseases. Section I. is entitled Erysipelas in consequence of stricture; and, on examining the case adduced in evidence of this, it seems probable that it was the bougies introduced into the urethra, and not stricture, which caused erysipelas. (See case of eruption from the bougie in page 214 of this work.)

Section II. p. 271, is entitled Sciatica in consequence of Stricture; and in the next page Mr Home tells us, "the application of caustic, and inflammation from other causes, produce the sciatica, but it does not appear to be an immediate symptom of the stricture."

In all Mr Home's speculations respecting permanent strictures, he has carried none so far as in the notions he has entertained of stricture in the æsophagus. There are few men who do not, at some period or other of their lives, entertain very strange notions respecting many points of science; and it is not uncommon for such men even to publish their opinions on these subjects, when under the influence of these mistakes. But, in general, when they afterwards reflect seriously, it is more honourable for them to retract, than pertinaciously to insist on such notions being actually true.

We find, then, in Mr Home's second volume, that he still endeavours to support the notions of strictures in the æsophagus being by no means an uncommon disease. He assures us in page 397, that

these strictures are most common in the earlier periods of life, or, he might have added, when the passions are most strong, and when hysteria is most common ! Mr Home's strictures in the œsophagus almost all occurred in females, or in men in general of a delicate habit and irritable mind. In other words, they are commonly to be found in such persons as are most liable to violent hysteric affections !

The task I have now executed, has occasioned me many an unpleasant sensation. I waited with the utmost impatience for the publication of every book that was announced on the subject of stricture, in full confidence that some of those authors would anticipate what I had to say. I need scarcely state that I have been disappointed, for these works are now in the hands of the public, and may be consulted. Some of them, indeed, have started very strong objections to the use of the caustic bougie, but none of them have proposed any rational plan by which such obstructions could be removed, without in many instances occasioning more torture to the patient than human nature was capable of supporting.

It is extremely painful for me to make innovations on any generally received plan of practice ; but I could not witness the consequences of the harsh plans of treatment which on every hand presented themselves to me, without appealing to the public tribunal to avert a repetition of such acts.



## APPENDIX II.

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*Diseases which are unconnected with the Generative System, but which are, in their nature and treatment, in some respects similar to the preceding.*

### 1. OF ULCERS, &c.

ULCERS, and other somewhat similar diseases of the external parts, like every other complaint, vary in their nature and severity according to the state of constitution and age of the patient, their situation and the length of time that they have continued. I neither treat of, nor do I here include, those which arise from a specific cause, such as venereal ulcers. Those then enumerated by authors, besides some others, are the simple purulent ulcer, the fungous, the sinous, the callous, the carious, the cancerous, the cutaneous, the scorbutic, and the scrofulous ulcer.

I believe all such affections, except perhaps in some few instances on the trunk of the body, to be oftener an occasional, though not absolutely a necessary, attendant on constitutional derangement, than a cause of it. This opinion, I know, is very different from that which is generally sanctioned among surgeons; but I hope generally received opinions have, from that circumstance alone, no shackles. We uniformly observe that there are cer-

tain constitutions, evidently of an unsound kind, which, although their possessors may exist through life without any external sore, should they suffer but the slightest abrasion of the skin, the part is instantly converted into an ill-conditioned ulcer, malignant in proportion to the vitiated state of the patient's constitution. We find, too, that in general no external application can permanently, or even safely, remove such ulcers. Thus the miserable patient (without our even holding the absurd but not uncommon notion, of morbid matter floating in the circulating fluids,) is, in myriads of instances, doomed to groan under such a state, during the course of a long life. These ulcers, in different persons, and in different parts of the same person, often produce a discharge of various colour and consistence; but this discharge, although arising from the immediate state of the diseased surface, is often also caused by the state of the general system. Thus, therefore, the general system is, in these extensive and foul ulcers, even more to be attended to than the ulcer itself.

The nature of scrofulous tumours, which are in most cases the forerunners of ulcers, I may remark, is peculiar: They are at first indolent, remain even years stationary, or swell imperceptibly; and except, perhaps in consequence of cold, when they swell most rapidly to a great size, become of a florid redness, are exquisitely painful and sometimes suppurate, and though not often, discharge healthy pus. But in general as just stated, they acquire magnitude slowly, assume a purplish or livid hue, and are seldom acutely painful. At length the integuments having become thin, they burst, and allow a thin, transparent, glairy liquid, mixed occasionally with clots of coagulated lymph, puriform matter, or a little blood and serum, to be discharged. In this state of action it requires the use of the most powerful stimulants, both general and topical, to produce and maintain that action

in these ulcers, during which healthy granulations are formed.

It appears to me also that sufficient attention has never been paid to the sequela of Erysipelas, or of what in common language, is called the Rose, although it is often productive of much distress to the patient.

After the violence of the systematic affection in general originally causing this disease, has subsided, or what is nearly the same in its consequences, the Erythema of Cullen, where the systematic affection is wholly in consequence of the local inflammation, many instances of both these affections terminate in cutaneous ulcerations of the most obstinate and disagreeable kind, generally upon those parts of the body where the above diseases had appeared externally. Independently of every other consideration, the great extent of surface which these affections usually occupy, renders them very distressing. The legs, which are commonly the seat of such complaints, are often entirely affected by them, rendering the ill-fated patient completely incapable either of occupation or amusement. Such states of disease often continue for many years, and most frequently during the remainder of the patient's life. The parts affected in this way assume a livid colour, discharging ill-conditioned matter from various parts of the diseased surface. In time, longer or shorter, according to the habit of body of the patient, extensive ulcerations appear in the parts, causing most acute pain, and discharging great quantities of variously coloured matter. And, from time to time, hemorrhage to a great extent occurs, and debilitates the patient very much. To these I may add the immense swelling that almost always affects the limbs.



*Treatment of Ulcers, &c.*

WHEN ulcers or diseases of the skin arise from a simple cause, such as a wound, bruise, inflammation, &c. they are in general much easier removed than when they arise from some constitutional cause. Even, I may remark, however simple the cause may be which occasioned them, if the general health be unsound, they, in conformity to the particular tendency of the system, degenerate into one or other species of the ulcers enumerated by authors. But when ulcers arise purely from constitutional derangement, their cure is always tedious, and attended with many difficulties which in a sound constitution never occur. It is to these different states of body which we ought to direct our attention, and act accordingly, rather than allow ourselves, according to the commonly adopted practice, to be almost entirely regulated by the external appearances of the diseased surface alone.

In a vigorous and healthy state of the system, we seldom find ulcers very difficult of cure. If so, it is in general from neglect or improper local treatment. But when these are obviated, and mild applications made; if the ulcer then does not readily heal, we may rest assured, that in addition to them, our other modes of cure must be more general. The system is then more or less affected, and, if we hope to succeed, our means of cure must be as nearly as possible proportioned to that derangement.

I may remark, that it is a good general rule, in the cure of these affections, rather to employ means which will act on the general system sooner than necessary, than be a moment too long in making such applications. In the first instance, no harm can ensue; in the latter, nothing but harm and want of success must follow.

In every period of the history of surgery, the most successful plans adopted in the treatment of ulcers, seem all, though unsuspected by their employers, to have acted on the same principle; and in whatever manner these various applications have been made, whether external or internal, the substances employed have either uniformly been of a stimulating quality, or the method adopted in their application have produced stimulating effects. Of late years, it is well known that the adhesive straps and roller have been successfully employed; and I may mention, that it is alone by supporting, and thereby stimulating the parts to which they are applied, that these can produce their beneficial effects.

But the natural transition from producing and supporting such a state of action by any kind of external means, to that of effecting the same purpose by the internal use of proper medicines, must appear very evident to every one. The local action excited by the one, must be of much shorter duration, and consequently not so effectual as the other.

It is upon this principle that all stimuli, applied internally to sores, &c. produce similar effects, though I have found, so far as my experience goes, none of them, in their operation, so permanently effectual as the cantharides.

We often find that, in the treatment of obstinate ulcers and eruptions on the skin, the strongest external applications are quite ineffectual, or even seem to produce bad effects, unless judiciously assisted by internal stimulants. And many cases have come under my own care, in which, although the general health seemed good, and the constitution sound, no attention nor variety of dressing produced any good effect till the external means were assisted by the general influence of wine, bark, &c. on the system, taken internally.

The ancients made it no secret that the reasoning they employed, respecting the cure of the different

appearances or stages of ulcers, was perfectly mechanical. Every part of the cure is, with all imaginable formality, laid down as correctly as the rules for the making of our boots or our shoes. Thus, we have applications for promoting digestion, detersion, incarnation, cicatrisation, &c. But these notions have, at least in name, been consigned to well merited oblivion; and I wish the practice itself, even in our own day, were as thoroughly discarded as the names. We would thus bestow, on this important department of our art, that simplicity and order, from which we may expect the greatest success, instead of a confused incomprehensible jargon of nonsense which has been a disgrace, not so much of our art, as of those who encouraged and promulgated such quackery.

In healing up such openings from which there had been an accustomed discharge for perhaps years together, by the mere force of external, or at best trifling internal means alone, perhaps there might be some risk; for in that instance, the vitiated state of the constitution, either originally or subsequently attending them, still remained, and probably was even increased by that very act. But the subject will be very differently viewed when we recollect that the more effectual method of treating ulcers is, by principally attending to the constitutional treatment, and making our local applications, in most instances, only a secondary consideration. Thus we bring back the functions of the often emaciated body to a state of perfect health, and the healing of the ulcers is of course the consequence of such a change. Every cause, then, of the complaint being removed, the common practice of substituting an issue is quite unnecessary, and always troublesome.

There are certain states or conditions of ulcers which may be completely cured by compression; but perhaps I may not be well understood when I say healing by compression. For, so far as I know,



the proper time for the application of adhesive straps is neither taught in any course of lectures, nor explained in any surgical work. When, in most instances, the surfaces of ulcers assume a healthy action, granulations shoot out from every part; but occasionally, these granulations are very luxuriant, and elevate themselves greatly above the surrounding parts. When this happens, surgeons in general think it necessary to reduce these granulations, vulgarly called *proud flesh*, by means of caustic substances. But by such a method, they often do more harm than good; for these applications excite too high a degree of inflammation in the part, and thus retard the healing process which it was intended they should promote. When the granulations become luxuriant, we should know by this very circumstance, that the generative powers of the sore are too predominant, which it is proper to check, but not to subdue. On such an occasion, then, the granulating process being too active, it requires no stimulation; it is only necessary to overcome the protuberance from the inflamed surface, and this is easily accomplished by adhesive straps, or other means which retard growth by compression, and do not stimulate the surface; and, except in œdematous limbs, or in debility of blood vessels, this is the most generally proper occasion when compression should be employed. Sometimes, however, such growth is so great as to require reduction by caustics, and even by the knife, but far less frequently than is generally imagined, and, by seasonable compression, might perhaps at all times be prevented.

When the edges of old ulcers have acquired a degree of hardness almost of the consistence of cartilage, (a circumstance which not unfrequently happens) I have used caustic with advantage, and even have been obliged to separate these hard portions with a knife.

With these, and the properly regulated use of cantharides, I never have failed in the entire re-

moval of such affections. I may here mention, that I have sometimes observed a peculiarity of action on diseased surfaces to a considerable extent, and which internal medicines, however long continued, will I believe never overcome. But when in such cases the system has been sufficiently excited by the internal use of cantharides, (but not till then) and then the vessels destroyed on the diseased surface by the application of a blister or similar application over it, I have never failed of complete success.

In considering gleet, leucorrhœa, &c. it seemed to me that they depended on a certain local affection, accompanied by a greater or less degree of general debility. In considering also the treatment of these diseases, it appeared that, when obstinate, they resisted all common means, even of the most active kind; but that the cantharides excited such a degree of inflammatory action, as induced a cure in a manner precisely resembling that in which diseased surfaces are healed. The application of these facts to the treatment of obstinate ulcers, &c. rendered it very probable that a similar inflammatory action produced in the system, might promote the cure of them.

Accordingly, in cases which defied not only any art which I possessed, but equally that of the first practitioners in this, and I believe in every country, I thought it proper to try how far the internal use of the cantharides would be beneficial.

In the cure of ulcers, I may observe, of however long standing, I have never, in the general run of them, found it necessary, according to the usual division made by authors, to pay such scrupulous exactness to the particular head to which they belonged, as we have all been taught to be absolutely necessary.

Where the neighbouring bones were sound, and where cancer and lues venerea were absent, I have scarcely found it even proper to make any material

alteration in the treatment. Whatever alteration was necessary, under other circumstances, was merely occasional, and depended entirely on some particular cause, probably arising from the means employed, which was but of secondary consideration.

I know that, in the internal administration of cantharides in the cure of ulcers, as in their use in the removal of other diseases, an inflammatory state of the system will be urged as improper or even as a dangerous state for their administration. I may remark, that authority for some time awed me in these as in some other matters ; but since I have, in many instances, relied on these only when evidently rational, I have found perplexity and even inconsistency in some measure disappear. I have, I am pretty certain, used the cantharides in greater quantity, and I dare say under greater variety of circumstances, than perhaps any one else, and I have never found them, when judiciously applied, capable of producing any injurious effect, however long used.

I hope I shall ever entertain a proper respect for authority ; but this respect I believe to consist in countenancing it only while it outstrip not reason, and always has actual experience and observation to recommend it. I also hope I shall never be intimidated by any name from stating what opinions seem to me correct, however different these opinions may be from the generally received opinions of the day.

### CASE.

A GENTLEMAN, aged 45, received a blow on his right leg, a little above the ankle, which caused inflammation, and afterward an open ulcer. In a few months, three other ulcers broke out on the same leg, all of which discharged thin matter, and the leg became of a dark livid colour, from the ankle extending to within two inches of the knee joint, and a watery fluid issued from almost the whole of the



discoloured surface. He was advised to take bark, and to use sea bathing; but he derived no benefit from them.

A year after the accident, the other leg, without any visible cause, became affected in a similar manner, and for their cure he employed a great many applications. The sores of his legs sometimes were covered with a thin pellicle, but never remained so above a few days.

When I was consulted, his legs were considerably swelled, particularly about the ankles, of a dark brown colour; and on each leg there were three round ulcers, every one about an inch and a half broad, discharging thin brown matter. He suffered little or no pain, but felt much weakness in his ankles and knees. I prescribed the tincture of cantharides, which he continued to use for about six weeks, with the application of the roller of cotton cloth, from the toe to the knee, when he recovered completely.

## CASE.

A CARPENTER, aged 29 years, about 12 years ago, cut his left leg with an adze. The sore had, since that time, been frequently skinned over, but it always, in a short time after, broke out again. He had applied to several medical gentlemen for relief, and, after every external application, from the mildest to the most corrosive, had been used without effect, he for several years past considered it as incurable; and while it permitted him to follow his ordinary occupation, he was contented.

This patient had one ulcer near the middle of the leg, about  $2\frac{1}{2}$  inches in diameter, with thick irregular edges, discharging thin brownish matter in considerable quantity, and several other sores about the size of a sixpence surrounding it; but these smaller ones have only troubled him a year, and they are neither deep nor have they thick edges, although they dis-

charged matter equally unhealthy with the large ulcer. The leg and foot were swelled, and about two thirds of its extent was of a livid colour. I therefore prescribed the tincture of cantharides to be taken in sufficient doses to produce the usual effect on the urinary organs.

Various changes were produced in the state of these ulcers during the time he employed the cantharides, which was about eight months, when his leg entirely recovered, and he was completely able, without any inconvenience, to work at his trade.

### C A S E.

A WOMAN, aged 35, of a robust habit of body, was, about 18 years ago, affected with erysipelas in her right leg, which occupied the whole space from the knee to the point of her toes. Leeches were applied over the inner ankle, and the wounds made by them degenerated into foul ulcers. But these soon healed, and the redness entirely disappeared from the limb. She still complained of weakness in that leg, and being a kitchen servant, and obliged to fatigue herself considerably, she was often before night scarcely capable of supporting her weight upon it. Two years afterward, she twisted the ankle joint of the same leg, and that part of it which had been formerly ulcerated, had the skin rubbed off, and an astonishing quantity of blood was discharged by the opening. This wound, however, was soon healed, but the leg was always in a greater or less degree swelled for eight years afterward. About that time she had another attack of erysipelas in the same leg, which she attributed to her living in a damp house at that time. This disappeared in about a fortnight, and the ulcerated part formerly mentioned, broke out again. It was again healed by the application of ointment, but still the swelling continued, particularly toward evening.

Eighteen months ago, after undergoing considerable fatigue, the swelling in her leg encreased to an amazing extent ; the ulcerations again commenced, and varicose veins appeared in different parts of it. She became greatly alarmed at this appearance, and applied for assistance at the Royal Infirmary of this place. There adhesive straps were applied to the ulcerated parts, and bandages of cotton cloth were used. She was dismissed from the Infirmary perfectly cured in less than a month.

A few months after she was again exposed to dampness and fatigue, and the swellings and ulcerations in the same place again broke out. She again applied at the Infirmary, where the same practice was followed as formerly mentioned. From this she derived great benefit, and was a second time dismissed, cured. A few days after she left the house, the ulcerations became much worse, and the swelling encreased. This last she kept under by bandaging, but the ulcerations continued to extend ; and when she applied to me, and gave me the above account of her disease, her leg, from about a hand-breadth below the knee, to the upper part of the foot, was of a livid colour. The varicose veins still existed all over the diseased surface, and there were two ulcers above the inner ankle joint, the smallest being about an inch in diameter, and the other of an irregular form and appearance, and about six or eight times the size of the other, both of them discharging thin matter. I prescribed the tincture of cantharides to be taken in the usual doses, and to apply a tight roller of cotton cloth to the diseased leg, from the point of the toes to her knee. This practice was continued nearly two months, when the wounded surface being quite heal, she went into the country. A year after this, my patient had no return of her complaint, and the swelling and livid colour had almost disappeared.



## CASE.

A stout active, little man, aged 45, wished my assistance for an inveterate and tedious affection of one of his legs.

Several years ago the wheels of a cart passed over him, and broke both bones of the leg, a little below the knee. The soft parts of the leg were very much injured; and, while struggling violently at the time of the accident, he had forced the upper end of the inferior portion of the fractured bone upwards, and backwards through the integuments.

The bones were replaced and united, and the lacerations of the fleshy parts also healed; but the limb never returned to its sound state, for it swelled, reddened, and was very painful. These symptoms were so much moderated by means of bandages, that he thought he might venture to use the limb without the help of them. But the limb continued swollen, particularly about the ankle, and in a few months was seized with a painful erysipelatous affection, and an eruption; this degenerated into open ulcers, which united and formed larger ones. The pain continued, the ulcers discharged a thin ichorous matter, which excoriated the neighbouring parts, when, through neglect or otherwise, it happened to come in contact with them. He used the limb, but not without great uneasiness.

He had employed, with little advantage, every internal and external remedy that had been suggested or prescribed to him.

In the course of about a year, his leg swelled considerably, the discharge of thin matter was increased in quantity, but the pain abated, and it is now several years since any alteration had taken place, either in the swelling, discharge, or pain; but he thinks the leg much weaker than the other.

Being incautiously managed, the portions of the broken bone had overlapped each other, so that the

inferior portion adhered to the inside of the superior portion. The leg was much swelled, the foot edematous; and, from the knee downwards, the leg was of a mahogany colour, in many parts of a deadly lividness, infested with many sores, some deep, others like excoriations, which discharged a thin ichorous matter in great profusion; but he was very seldom troubled with any pain in it. I prescribed for him *unguentum nutritum* to anoint the surface of the affected parts morning and evening, and pills containing the muriate of mercury, three to be taken each day; with instructions to put a tight roller of flannel or cotton cloth round the foot and leg, from the toe to the knee joint; under this plan his leg began to decrease in the swelling, and for about six weeks the ulcerated parts looked better. During the above period, he twice omitted to take the pills for a few days, and the sores evidently grew worse.

For about six weeks the appearances in this case seemed to have a favourable aspect, but after that the means employed seemed quite ineffectual.

The circumstances here were very unfavourable; yet, after some reflection, I deemed it proper to try what effect the cantharides used internally might have in invigorating the limb. I therefore prescribed that medicine for him, which he continued to use for several weeks, when his leg assumed a more healthy appearance, and at length completely healed. The livid colour too entirely disappeared.

This appeared upon the whole a hopeless case, not from the long duration of the complaint, nor from any particular taint in the constitution, but on this account, that it was impossible to remove the cause, viz. the overlapped bones very much distending the upper part of the limb; accordingly I informed my patient, that I intended to give him a certain medicine, which I employed in old ulcers with great advantage, to try if the limb would be

strengthened by it ; for, on account of the overlapping of the bones, I did not think myself warranted to promise a complete cure. But what was my surprise, when the affected parts gradually assumed a more healthy appearance, granulated, formed good pus, and received a sound covering !

The healing process, assisted by the cantharides, presented itself in a very beautiful and instructive light. That livid rubor, which occupied the limb from the knee to the toes, gradually diminished from the knee downwards, and toes upwards, and the integuments assumed the colour of those which invest sound limbs.

This is one of the many proofs that we have of the great extent to which the parts of the living body accommodate themselves to circumstances ; for this limb has become sound, and the muscles perform their office, though the parts of the limb are irretrievably out of their proper situation.

About eight or nine months afterward this patient's ankle began to swell, and several pimples broke out on it. After taking, however, a few doses of the cantharides, and bathing the affected parts with spirits, with the use of the roller formerly mentioned, he entirely recovered in about a fortnight.

### CASE.

A boy aged 11, small of stature, but of a healthy appearance, had, till about 18 months ago, enjoyed good health, when, without his parents or himself being able to assign any cause for it, two phlegmonous swellings, about the size of a walnut, made their appearance on the outside of, and rather below the elbow joint. They broke, and the discharge, which was small in quantity, was of a thin consistence. He applied at the Royal Infirmary of this place, where he was ordered to dress the sores with



the calamine cerate of the shops. He continued this application three weeks without seeming to derive any benefit from its use, when another phelmon made its appearance three inches farther up the arm than the former, which likewise broke, and discharged matter of a similar consistence. The same kind of dressings which were employed in the other sores, were likewise applied to this.

About three months afterwards, he received a kick from a horse on the forepart of the ankle-joint. This was followed by considerable swelling of the under part of his leg, which in a few days terminated in a phlegmon near the ankle joint. This broke and discharged matter, similar to that which proceeded from his arm, and the motion of the joint was considerably impeded. He was desired to apply poultices around the ankle, and over the sore; but from them he derived no benefit, although he continued their use for several weeks. He now began to suffer considerably in his general health, and another sore, of a similar nature to the last, rather more toward the outside of the leg, appeared. Sea-bathing, with a great variety of dressings, were employed, but from these he derived no benefit.

When he applied to me, his general appearance indicated considerable debility. The above-mentioned sores looked remarkably unhealthy; those on the leg, in particular, had thick callous edges, and the ankle joint was considerably enlarged and stiff. He walked on the point of his toes, and kept his knee joint constantly bent, because he could not stretch it without occasioning great pain, both in the ankle-joint and in the sores. The flexor muscles of the fore-arm were so much contracted, as to cause the fore-arm to form a right-angle with the humerus.

As none of the glands on any part of his body seemed preternaturally enlarged, and as the ulcers, which were evidently of a scrofulous nature, seem-

ed, in their general character, similar to what I had treated successfully with the cantharides, I prescribed for him that medicine, and desired him to dress the ulcerated parts with simple ointment. He continued to be variously affected with that medicine for more than seven months, when he completely recovered. During the cure also, he had employed various stimulating applications externally. This patient had no return of his complaints two years afterwards.

### CASE.

AN unmarried lady, aged 21, and of a healthy appearance, twisted the elbow-joint of her right-arm, which gave great pain for two or three days, when it abated. The swelling never protruded above the size of a walnut.

Two months after the accident she applied to an apothecary of this place, who gave her solutions of acet. plumbi; but she derived no benefit from this application, although she persevered in the use of it for several weeks.

She next went to the country, and applied to a surgeon, who gave her solutions of the same kind, but still without effect.

She now felt considerable pain, extending about three inches farther down the arm than the swelled spot, or where she first felt the pain. In a month the swelled spot on the joint began to inflame, and, in the course of a few days, broke, and discharged a quantity of thin acrid matter. The swelling immediately fell, and there remained no inequality above the skin. She described the opening to be little more than would have admitted the head of an ordinary pin, and, upon pressure being applied from below upwards, a considerable quantity of thin matter flowed out by it; and unless the sinus was thus emptied every morning and evening, the pain was

very severe. But the motion of her elbow-joint was not impeded for more than a month after, from which time she, by the advice of her medical attendants, used, at different times, various kinds of ointments, but never reaped any sensible advantage from their use. She also had setons introduced at parts somewhat distant from the ulcer, but, as might have been expected, she derived no advantage from them.

She came to Edinburgh from the country, and gave me the above account of her complaint, and the medicines employed to remove it. She said, that she never felt any swelling in her neck, axilla, or groin, except last winter, when, after having exposed herself to dampness and cold for a considerable length of time, she felt several swellings on the right side of her neck, one as large as a pigeon's egg, the rest smaller; but they soon went off.

There was no other opening than the one already described, immediately over the outer condyle of the humerus, which scarcely admitted the point of a small probe, and still discharged the same kind of thin matter, nearly a table-spoonful of which I pressed out of it. I first introduced a probe, which passed along the sinus downwards without obstruction, or causing the least pain: and, on withdrawing the instrument, there was an increased discharge of thin matter. I next introduced the probe about two inches upwards, with the same ease. In short, this sinus commenced about two inches above the elbow-joint, on the radial side of the olecranon, crossed the joint obliquely, and then proceeded about six inches along the posterior part of the arm, in the direction of the ulna, where it receives the interosseous ligament. I laid this sinus completely open. On examining, I found other three sinuses communicating with the first, and laid them all open.

I dressed the wound once a day with strong ointment of axunge and the red oxyd of mercury, and



bathed it with a strong solution of sulphate of copper; neither of these applications gave pain, more than five minutes after each dressing.

I continued to employ similar treatment for about three weeks, during which the ulcers often seemed to assume a tolerably healthy appearance; but, on examination, finding more extensive and deeper sinuses, I abandoned these, and prescribed the internal use of cantharides.

After continuing the use of this medicine, progressively increasing the doses sufficiently to affect the urinary organs, for about ten weeks, she completely recovered.

During this cure, I made it a general rule to open all sinuses the moment I discovered them, and washed the wounded surface with spirits, and sometimes dressed it with escharotic substances. When the parts had assumed a great degree of healthy action, I applied pressure to the sinuses with the greatest advantage. The glands of the neck and axilla swelled; but, by cold applications, and diminishing the use of the cantharides, with the administration of some cathartic medicine, they were subdued.

It is now about four years since I cured this patient, she has had no return of her complaints, and can use the arm in every respect with the utmost freedom.

### CASE.

A GENTLEMAN, aged 35, lame, and of a weakly habit of body, applied to me with a small tumour of a livid colour, situated about three inches toward the right side of the thyroid cartilage, which evidently contained fluid matter; but he would not submit to have it opened, and went into the country. He soon returned, and informed me that the tumour never had increased beyond the size of

a small walnut, and had never given him pain. It had broke, and discharged thin matter; and a surgeon in that part of the country advised him to apply a poultice for a few days, and afterwards to dress the external sore with ung. basilic. He continued, however, to observe these instructions, without benefit, till he came to Edinburgh. On examination, I found two small openings discharging thin acrid matter in great abundance. I introduced a probe, which passed easily forward over the anterior surface of the trachea, forming a cavity of considerable extent. By dissecting off the integuments, I laid the sinus completely open, and thus an ill-conditioned ulcer was formed, extending three inches across the fore part of the neck, and one and a half from above downward. I prescribed the tincture of cantharides, which soon affected him in the usual manner. The ulcers were occasionally opened, when any of them assumed the appearance of sinuses, and washed with spirits. In six months he had completely recovered.

### CASE.

MRS ———, aged 44, of a slender habit, applied to me for assistance. About a fortnight before, she had exposed herself to dampness, and fatigued herself much. Towards evening she felt coldness, shivering, and feebleness. The shiverings continued, and she slept very little all night, but they went off next day, and she thought herself much better. In the course of a few days afterwards, she was seized with stiffness in her neck, and a swelling made its appearance about the angle of the jaw, on the right side. Several of the glands on the same side were affected, and they continued to increase in size till I saw her. From the ear to the top of the shoulder, the neck was of a dark livid colour. Fluctuation being distinctly felt in the tumour, I

opened it, and there was discharged a large quantity of clear thin fluid, mixed with coagulated lymph. The internal surface of the ulcer was very extensive and deep. I washed it, and injected equal parts of tinctura opii and alcohol, which gave very little pain, and dressed it externally with simple cerate. All the glands of that side of the neck suppurated and broke, and several sinuses had formed, which were laid open, as far as could with safety be done. At length the ulceration and sinuses occupied all that side of the neck, and seemed disposed to extend in every direction. The whole length of the *sterno-cleido-mastoideus* muscle was detached, except at its origin and insertion; and from the whole wounded surface, there was discharged thin foetid ill-conditioned pus, in great abundance. The most stimulating dressings I could think of were now applied, and injections of equal parts of tinctura opii and alcohol were used twice a day, and bark and wine internally; yet new sinuses were daily forming. Though some parts of the wounded surface now and then assumed a tolerably healthy appearance, this seldom continued more than a day or two, when they degenerated again into their former unhealthy state.

Every external stimulant application being ineffectual, and the patient's health sinking, in consequence of the great discharge, I began the use of the tincture of cantharides internally, in the usual doses.

After she had used this medicine some time, I was informed that she had been affected with *fluor albus* for many years, but that she now was afraid of it; for the matter discharged *per vaginam* was become very thick. It was found necessary still to open some very large sinuses, which run parallel to the edges of the *sterno-cleido-mastoideus*, and a deep tumour behind the ear, from which pure pus was discharged; and by a probe I ascertained that the



the matter had insinuated itself between the interstices of the more deeply seated muscles. By means of keeping the ulcers on the neck clean, and applying dressings of simple cerate, and pressure, to them, with the internal influence of the cantharides, the livid colour changed into a florid red; granulations formed; the detached portions of the muscles gradually adhered; the *fluor albus* disappeared, and she was in a few months completely cured of her complaints, and even now enjoys the very best health.

### CASE.

A WOOD-CUTTER, aged 24, stout made, was about seven years ago affected with scrofulous swellings in several parts of his body; but only those of his neck suppurated and broke. He applied to me on the 22d of April 1806; and as it may be of some importance to convey to the reader an idea of the general appearance of his disease, I shall attempt to describe it.

On the right side of his head and neck there was one ulcer, between the *sterno-cleido-mastoideus* and *masseter*, extending from the lobule of the ear to the angle of the inferior jaw, and discharging matter by two orifices. There was a second ulcer, about an inch from the former, situated on the cheek, its upper edge being opposite the termination of the parotid duct, itself extending downwards, uniting with another ulcer under the maxilla, and stretching along in that direction. These discharged matter by four orifices. Another ulcer was situated between the *trapezeus*, and *sterno-cleido-mastoideus*, and extending across the inferior extremity of the *platysma-myoideus* to the *sterno-hyoideus*. A very large ulcer extended from the inferior edge of the thyroid gland, over the *sternum* to the insertion of the second pair of ribs, and was covered with scabs on this side. There was also an ulcer running

across under the chin, which united those on opposite sides.

On the left side, the ulcers were much more extensive than on the other, and not so capable of the same description. They seemed, however, to form three lines, one commencing behind the *mastoid* process, extending downwards till near the *acromion*. The second from behind the lobule of the ear to the anterior half of the *clavicle*; and the third from the *zigomatic* process of the temporal bone, over the *masseter* and upper part of the *platysma-myoides*, joined as above described with the ulcers of the opposite side. The matter was discharged here by numerous orifices, and approached somewhat to the appearance of laudable pus. His neck was in general very much enlarged, it being at least equal in circumference to any part of his head.

The axillary glands were but slightly enlarged, but all the glands in both groins, along the course of *pouparts ligament*, and extending down upon the inside of the thigh, were universally enlarged.

The disease began by the ulcer above the *trachea*, which broke about five years ago, after having been in a diseased state fully two years; and all the other part mentioned about the neck becoming also affected, broke three years ago. The whole neck and face continued more or less swelled. The general health, however, continued all the while pretty good, except from time to time severe pains in the bowels affected him, which were eased by the discharge of flatus downwards. He does not recollect if he was at these times *costive*.

When he applied to me, he complained of loss of appetite and sickness, in consequence of which he had been unable to work at his trade for several months. From the general tendency to glandular swellings in this case, I conceived it more prudent to employ the solution of the muriate of lime, than the cantharides; as in several cases of very large glandular swellings, I found this medicine, when

used in large doses, from four drams to an ounce each day, of the greatest service. I know that this valuable medicine, like many others, has been nearly consigned to oblivion, from an idea propagated by men thought to be eminent in their profession, that it is possessed of no useful quality; but this is not very uncommon in our profession; for, unassisted by reasoning of any kind, one medicine after another has been applauded, has retained its popularity for a length of time, and, as might be expected, has at last been completely neglected. Not that the medicine wanted power, but that its employers wanted judgment. I prescribed this medicine to be taken at first in doses of half an ounce per diem, to be gradually encreased. I at the same time prescribed as tonics, Peruvian bark and carbonate of iron, to restore the appetite and promote digestion, desiring that the ulcerated parts should be bathed with warm sea water, and dressed with simple ointment.

On the 30th of May I prescribed a solution of the sulphate of copper in water, to wash the ulcers, and desired that the muriate of lime should be continued. A tumor appeared, situated over the jaw; and directly under the *dens caninus*, which in two days became as large as a walnut, and seemed completely filled with matter.

On the 7th of June this tumour had shrunk and nearly disappeared, without any external opening, and the fluctuation of matter was scarcely to be felt in it. The ulcers had a more healthy appearance than he says they have had since the commencement of the disease. No new swellings or ulcers had broke out since he began to take the muriate, and he was now able to work at his trade, was free from sickness, and took his victuals well.

On the 29th I repeated the mixture as formerly, the patient still continuing to get better.

On the 11th of July the swelling of the glands



was greatly removed, but the ulceration was worse, and very universally spread all over his neck, for the most part in small distinct pustules, discharging thin white matter. I now determined to give up the use of the muriate, and try cantharides, which I had hitherto declined doing, on account of the swelling of the glands; but, as he was obliged to return to the country, before he could arrange matters to stay in town during their use, he therefore did not begin to take them till the 9th of August.

The ulcers were still discharging unhealthy matter, and there was a tumour the size of a walnut, almost above the trachea, in which matter evidently fluctuated. I prescribed the tincture of cantharides to be taken in the usual doses.

He continued to use this medicine, without any perceptible effect, till the evening of the 12th. While in bed he felt intolerable itchiness all over his body, and, on examining his skin, he discovered blotches of the size of a shilling completely covering him, and appearing as if he had been stung by nettles.

On the 13th, he informed me of the above circumstance, when the blotches had almost all disappeared, and he felt a kind of soreness in several of the parts where they had been. He had taken none of the mixture since last night, being terrified lest the blotched appearance of the skin should return. The discharge from the ulcer was of a thin watery appearance, except in one small spot under the right ear, from which thick white matter was discharged, in greater quantity than was poured out by any of the ulcers of a similar size. No effect had been produced on the urinary organs. The tumour mentioned on the 9th broke this morning, and discharged thin matter. I ordered a poultice, and the recommencement of cantharides in rather larger doses.

On the 15th, no effect was produced by the cantharides on the urinary organs, nor had the blotches troubled him again. Several of the ulcers discharg-

ed thin, others thick white matter ; formerly they all discharged thin ill-conditioned matter : the discharge was likewise increased in quantity, and such was the nature of the ulcers, that pressure being made on part of his neck formerly described to be in a diseased state, matter of different colours and consistence could be squeezed out as if from a sponge ; yet a probe passed but a very small way into either of the openings. I desired the doses still to be encreased, and dressings of simple ointment to be used.

On the 19th, the probe went much easier into the openings than yesterday. In one situated over the parotid gland, I could introduce a probe nearly an inch all round, and there was discharged from it thin matter in considerable quantity. He was now very timorous, and would not submit to have it laid open. Several of the ulcers, however, were completely healed. Some still discharged thin, some thick matter, and there were several small papulæ, with white tops, on several parts of the neck, which never were seen before. No effect was produced on the urinary organs, I therefore desired the cantharides to be continued in increased doses.

On the 20th, after he went to bed, there was some pain in his urinary organs, and difficulty in passing water, but these went off before morning. I still desired him to continue the cantharides.

On the 22d, I now judged it necessary to lay open the sinus over the parotid gland, but the patient would not submit to it. I therefore, for the present, declined doing any more for him.

On the 1st of September my patient returned to me with a determination to submit to whatever measures I might think necessary for the removal of his complaint. The discharge from all the ulcers had become thin, and from some of them it was perfectly limpid. I found the formerly mentioned sinus over the parotid gland considerably enlarged in extent since the 22d, and I made an opening

from the uppermost to the most depending part of it, in length two and a half inches. I opened another about three inches in length, in the direction of the *sterno-cleido-mastoideus*. I likewise opened several smaller sinuses, extending two or three lines immediately under the integuments of the neck, and filled all of these with lint dipped in *so vini*, and ordered him to recommence the use of the tincture of cantharides.

He continued to follow this practice till about the beginning of February following, when he had completely recovered.

He is now, (November 1809) perfectly well, and working at his trade.

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## II. DISEASES OF THE SKIN.

### CASE.

A man aged 35, about five years ago fatigued himself by walking a great deal, which was immediately followed by a swelling in both legs. The skin also broke in several places, and, in the course of a few weeks, there was a constant discharge from them of a watery fluid, attended with acute pain from the knees to the ankles. Mercury was prescribed, which weakened him very much, but did not in the least relieve him of his complaint. After he gave over the use of this medicine, the swelling began to abate, but the eruption, with the discharge, continued to extend upwards to his thighs; and, in a few months, it covered his whole body, and even his arms to the points of his fingers. All the diseased surface discharged thin matter, similar to what was at first discharged from his legs, attended with some pain, but his legs were always more so than any



other part of his body. He then came from the country into the Infirmary of this city, but derived no benefit from the prescriptions he received there. In consequence of his disease, he had lived in great misery for four years past, during which time he had used almost every external application that whim or superstition could suggest, but derived no benefit from them. Of late he had used the citrine ointment, which he thought kept the parts soft, but did no other good. I desired him to lay aside all external applications, and I prescribed the tincture of cantharides to be used internally. This practice he continued with various effect for seven months, during which time he was often indeed much worse than before he commenced the use of the cantharides, but then he completely recovered, and two years after had no return of his complaint.

### CASE.

A gentleman of delicate form and small stature, aged 60, applied to me some time ago for the removal of an eruption of several years continuance in both of his legs, from the ankles to the knees, and a similar affection in one of his fore-arms. These parts were greatly swelled beyond their natural size. His general health was unimpaired, but the immense discharge of thin serous fluid which constantly proceeded from all the wounded surfaces, and the excruciating pain which he suffered, rendered his existence extremely uncomfortable. This discharge seemed to proceed from all the denuded surfaces, there being no destruction of parts forming what is known by the name of ulcer.

At certain periods of the year it would almost heal, even without the application of any other substance than simple ointment. This partial recovery he attributed to the effects he experienced from visiting some of the watering places every summer ;

but soon after his return home his former symptoms recurred.

In this kind of comfortless manner he had lived for many years previous to my being called to visit him; and when I proposed to employ cantharides internally, he consented to give it a trial, but expected no permanent benefit from its use.

After the medicine had been used about a fortnight, he felt slight difficulty in voiding urine, accompanied by a soreness in the affected parts, from which there now issued a discharge greatly increased in quantity, but not altered in colour. The pain, though equally severe in the affected parts, he soon felt to be of a different nature from that which formerly distressed him.\* He continued the use of the medicine for upwards of six months, with, latterly, the use of the tight roller to the affected parts, when he had completely recovered. He from time to time had slight eruptions for three or four months afterwards, but no pain, and now he is free even from them, and is perfectly well in every respect.

A more detailed account of a few of the preceding cases, containing their daily progress toward their cure, may be found in my former work on the internal use of cantharides, and some others since that in the *Medical and Physical Journal of London* for October 1808.

\* This excruciating pain I have frequently met with both in diseases of the skin and in ulcers. It seems deeply seated, and in most instances, as if in the substance of the bone. This at first deterred me from using the cantharides in such affections, conceiving that the inflammatory effects of that medicine would increase the pain. But, to my surprise, in every case the former pain abated on the system becoming affected by that medicine, and the pain occasioned by the medicine itself was quite of a different and more bearable kind.

In all those edematous swellings of the legs, which so often occur in persons advanced in life, or in consequence of previous debilitating diseases, I uniformly effect a cure by the internal use of cantharides. After its use, however, for a week or two, I find it absolutely necessary to employ a roller or a tight laced stocking along with it, which should encompass the whole foot and leg to the knee; and, even after the cure has been completed, this application ought not to be laid aside for several weeks, or even for a month or two.

### III. *Glandular Diseases.*

Diseases of the glandular system, are, even in their simplest form, extremely difficult and tedious of cure. I am sorry to say, that with our very greatest attention, and probably from ignorance of the particular action of some of the most valuable medicines, these diseases often prove irremediable. From this circumstance, together with the indolence of the human character, in general, those diseases have hitherto been in a great measure left to themselves, and have too often produced spectacles of deformity and disease scarcely to be met with from any other cause.

From whatever cause, then, the diseased state of the glands may have arisen, our first object (being the simplest and least formidable) ought to be, to make a fair attempt to remove them by internal medicines, or in conjunction with simple external applications. But, if after this no relief be obtained, and the complaint still continues to gain ground, we must have recourse to surgical means for its removal.

The cantharides must first be taken in sufficient doses to excite some degree of uneasiness in passing urine. This effect is the surest sign of the system in general being affected by the medicine, in the



same way that opium is known to affect the system by its effects on the brain, and mercury by its effects on the salivary glands.

A continuance of the medicine in sufficient doses to preserve some degree of uneasiness in the urinary organs, will probably at length cause some additional uneasiness in the affected gland itself. At all events, even if it should not occasion much pain in the gland, perseverance in the use of the cantharides for four or five weeks will be extremely proper; but, if pain be produced in it before that time, the cantharides must be instantly laid aside, and other means adopted.

It is at this precise period that the solution of the muriate of lime may be administered with the very greatest success; and a blister or sinapism may at the same time be repeatedly applied over the affected glands. A dram of the muriate may be given in water morning and evening, and gradually increased till the doses may amount to from one to two ounces daily, divided and taken at three or four, or more different times. The only bad effect that the muriate seems capable of producing, is a little uneasiness or sickness at stomach, which will entirely abate on its doses being diminished, or entirely omitted for a few days.

Even should the pain in the glands entirely abate, the cantharides may be given in conjunction with the muriate, and the external application of the blister or sinapism may also be had recourse to, when the good effects of such active practice appears very conspicuous.

But if, independently of all these means, the diseased gland or glands still continue to encrease our dependence must principally rest on our successful treatment by surgical means. A complete extirpation of the diseased glands must then be effected,

IV. *Paralysis.*

I have had frequent opportunities of successfully exhibiting the cantharides internally in slight paralytic affections, especially such as is frequently to be found among those who are in any way exposed, from the nature of their profession, to the action of the various preparations of lead on the body. But I met with one case lately of a more decided nature than I had ever seen before. The patient was by profession a house-painter, and in the prosecution of his business, both his hands, from the wrist joints, became paralytic. He was totally unable to use them in any way; and being at that time in London, he applied for assistance; but, notwithstanding every thing that could be done for him, he derived no advantage. He at length came to Edinburgh, where his relations resided, and at the request of a friend of my own, I was desired to prescribe for him.

From the almost complete want of feeling, and want of power in his hands, I had but little expectation of affording him any relief. But, being the remedy which occurred to me as the best, I prescribed the tincture of cantharides, to be taken in sufficient doses to preserve some degree of uneasiness in passing water. To this was added friction, with a brush, to be used twice or thrice daily. This he continued to do about three weeks, when he thought the feeling in his hands was somewhat increased; but the power of stretching them out was still denied him.

He continued to take the tincture of cantharides, to produce the effects I have stated above, for other two months, but derived no additional benefit from it. I then omitted it, and prescribed a solution of phosphorus in æther. This he continued

to take about a month, during which time he improved very much, but it also, at this time, seemed to lose its beneficial effects. I then resolved to use both the cantharides and phosphorus at once, and prescribed the first of these to be taken in such doses as would, as constantly as possible, keep the urinary organs somewhat uneasy, and the latter in such doses as would create, as constantly as possible, a degree of uneasiness approaching to giddiness in the head. Under these medicines, he seemed to improve somewhat quicker than formerly, and continued to do so for several weeks; but they also seemed to lose their effects on his hands. I still, however, desired him to persevere, and the difference of these two stimulants appeared very conspicuously in this case. He found it necessary with the cantharides gradually to diminish the doses, from nearly an ounce of the tincture daily, to about one dram and a half; but the phosphorus and æther he had now encreased from two drops twice a-day, to nine drops thrice a-day, while these substances seemed to produce similar effects on the head and urinary organs, which they did when first they affected the system.

For five weeks, he felt no alteration for the better; but about that time, a rapid improvement in his hands took place. He felt able to stretch them very considerably, and the feeling was as acute as before he was affected by the disease. I desired him still to persevere, and he could now only take about half a dram of the tincture daily, while he could use 14 drops of the solution thrice a-day. I also desired him to use cold sea-bathing from which he derived great benefit.

This patient continued these medicines for a few weeks more; and in a few days more than six months from the time he began the use of the tinc-



ture of cantharides, he was able to begin the prosecution of his business. He has now continued nearly a year free from his complaint, and can use the most violent exertion with his hands.

## APPENDIX III.

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### *Effects of the Cantharides, with Rules for their Administration.*

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#### I. *External Application.*

CANTHARIDES, when externally applied in sufficient quantity, excites great heat, redness, local pain, and general uneasiness. They accelerate the pulse, and often induce pretty smart fever. At length the feverishness abates gradually, and a thin serous fluid is effused under the cuticle, which is thus raised into vesicles of different sizes.

This serous fluid being allowed to escape, or even being absorbed, the inflamed surface soon assumes the suppurative state of inflammation; pus is formed, granulations shoot up in different parts, unite imperceptibly with one another, receive a thin pellicle as a covering; and thus the part is healed.

Besides the effects above-mentioned, vesicatories of cantharides often produce the more usually marked consequences of their internal administration, such as strangury, &c.

#### II. *Phenomena that succeed the admission of Cantharides into the System.*

THE pulse is strengthened, the appetite is improved, the mind is rendered more cheerful, the

matter of the discharge from any diseased surface becomes opaque, is inspissated, and assumes the appearance of pus.

At this time, a greater or less degree of pain generally affects the parts whence the discharge proceeds. This goes off, if the medicine be omitted, increases if it continues to be taken, and is kept up, if the dose be only diminished.

In the meantime, the discharge varies in quantity : but, on the whole, diminishes daily, and at last disappears ; leaving the parts sound, and capable of performing all their functions.

Sometimes, on taking the first doses of the cantharides, the discharge is increased in quantity ; but in general it is diminished ; and the matter generally evinces inspissation before the inflammatory sensations disturb the patient.

The attack of pain will be at very different times in different persons, after they begin to ~~take~~ take the cantharides, though they individually take them in the same ratio.

The quantity that some can take in a given time, without any sensible effect, is astonishingly great, compared with the smallness of the quantity which affects others. A perusal of the cases previously detailed will shew this.

### III. *Action of Cantharides on the Urinary Organs.*

It is generally believed, that cantharides exert a sort of specific power on the urinary organs, particularly the bladder and urethra ; and this opinion seems authorised by the fact, that pain in these parts, and stranguary, often speedily, and, if their use is continued, always sooner or later supervene during their admission into the habit. On more minute inquiry, however, we shall be satisfied, that this is only a concomitant effect ; for in many instances



the pain and uneasiness are first felt in other parts, as in the uterus ; ulcers are brought to an active state of inflammation on almost any part of the body ; before the affection of the urinary organs makes its attack ; and often they are altogether cured, without its causing any interruption in the administration of the remedy ; to this let us add, the effects on the general system, and the facts ascertained by Forsten, that the stomach, bowels, bladder, &c. were contracted at the sametime, we shall be convinced, that the opinion of this substance acting specifically on the bladder, is erroneous. It is worthy of remark, that, in Forsten's experiments, the bladder, urethra, and even glans, were inflamed, while the kidneys and ureters seemed unhurt. How does this correspond with the doctrine, that the active part of the substance of cantharides is absorbed into the mass of blood, and thence separated ~~afterwards~~ along with the urine in the kidneys ?

In short, we have ample proof, that they neither act specifically on the bladder, nor on the urinary organs in general : and that the kidneys and ureters are not affected in the same degree with the bladder and urethra. In whatever way, then, we may attempt to explain the particular effects which they readily evince in the organs of urine and generation, we can have no doubt, that these effects are only circumstances attendant on their general operation.

#### IV. *Effects of Cantharides on the General System.*

IN investigating the nature of any remedy, we must consider its effects on the system in general, on the mind, and on the circulations.

We must consider whether it chiefly affects particular organs and functions; how far these effects are modified by certain affections, either local or general; and in what diseases it is chiefly beneficial.

To know its comparative merits, we must consider what other remedies or means produce similar effects; whether in kind or degree; for the changes induced in the system, after any substance has been received into it, indicate the medical properties of the substance; and the degree of such change indicates the power of the substance considered as the cause.

As is shewn then, in this work, the cantharides, when first taken internally in moderate doses, enlivens the functions of mind and body; increases the celerity and force of the circulations; improves the appetite, and increases the flow of urine and perspiration. Nor are their effects lessened by using them for any length of time, for I myself have frequently given them from a-year to about 18 months, at the expiration of which the patients had the same stimulant effects produced as at first, by perhaps one-twentieth part of the medicine, and were stouter than they had been for many years before. Nor did they relapse into their former debilitated state on entirely leaving off the medicine.

Yet Mr J. Hunter formed the most erroneous notion respecting the power of cantharides.

\* "I think," says he, "I have been able to ascertain this fact, that when the balsams, turpentine, or cantharides, are of service, they are almost immediately so; therefore, if upon trial they are not

\* Hunter, p. 103.

found to lessen or totally remove the gleet in five or six days, I have never continued them longer."

But, on a comparison of cases, we shall find, that they effect a cure often in less than five or six days, but more frequently require many weeks, and even months, before they produce an effect.

Mr Hunter had found them sometimes suddenly and unexpectedly useful; and when they did not evince their power with equal celerity, he drew the impatient conclusion, that when they were not speedily successful, they were useless!

\* "Balsams, turpentine, and cantharides," according to another author, "appear to be very pernicious. During their exhibition, the discharge apparently stops. *This is owing to the diuretic quality of the medium by which the mucus is continually washed off, not any suppression of the discharge from any supposed specific power of these medicines on the urinary canal!!*"

This is not the first instance on the records of our art, where a man attempts to explain that, of the nature of which he is ignorant, and which he has not patience to investigate.

## V. *Modus Operandi of Cantharides.*

IN the facts and observations which I have adduced, it is evident that cantharides stimulate the functions of the system in general; that the more evident changes, as evinced by either local or general phenomena, are of an inflammatory nature; that the diseases in which they are chiefly beneficial, are those accompanied with debility.

As to the comparative merits of this substance, it appears that the other remedies which are found useful in the same complaints in which the cantharides are successfully employed, are all of the to-

\* Wilkinson on Gleet, ch. ii. p. 9.



nic or stimulant kind, and such as promote the activity of the vital and animal functions. But all the other means have failed, when this last substance has proved completely successful.

We have satisfactory evidence of this in the cases of seminal emission, gleet, leucorrhœa, &c. above related, but in none more evidently than in those of obstinate ulcers; in which, after every other tonic and stimulant medicine had been employed in vain to co-operate with the external applications, the cantharides were prescribed, and then the sores assumed a healthy appearance, requiring no other dressing but simple cerate, and thus the cure was completed.

Thus, whether we consider the effects of cantharides on the general system, when taken internally, applied externally, or in comparison with other remedies of a similar nature, we have irresistible testimony, that they operate powerfully on the whole system, inducing a degree of inflammatory action, which we are not able to command and maintain by any other means with which we have yet become acquainted. Indeed, they are perhaps the strongest stimulant we possess, while they neither have the heating nor intoxicating quality of wine or ardent spirits.

Cantharides then excite and maintain a certain degree of activity in the previously debilitated system; they produce and maintain that degree of action during which debilitated organs are enabled to perform their natural functions, or return to their sound state; and during which also suppurative inflammation renovates the disorganized parts.

On this principle we can easily perceive, why they have been found very useful in cases of great debility, either local or general; and why they should be equally beneficial in inveterate sores on any part of the body.

It has long been a great desideratum in the re-

sources of our art, to have means by which we could induce and support such an action in the system as would correspond with that during which certain parts are regenerated, diseased surfaces healed, and their healthful functions restored ; but we have it in our power to accomplish this important object by means of the properly regulated administration of cantharides.

## VI. *Rules for the administration of Cantharides.*

THE administration of cantharides is to be begun in small doses, which are to be gradually increased. In the meantime, we must carefully watch the changes, which proceed with such uniformity, that, if our instructions be obeyed, it is our own fault if ever the patient be surprised by untoward symptoms.

1st, Twenty drops of the tincture, (prepared according to the London pharmacopeia) ought to be taken in a glass of water thrice a-day, and each additional dose to be increased by two drops, till some degree of uneasiness be felt in passing water, when the doses must again be diminished ; or, if the sensation be severe, the medicine must be entirely left off, till this sensation abates, when it is again to be had recourse to, in doses sufficiently great, similarly to affect the system. This may be known by the increased force and frequency of the pulse, as well as by the symptom above alluded to. If the difficulty in passing water become suddenly troublesome, cloths dipt in warm water, or I rather prefer a large piece of sponge, dipt in warm water, and applied to the belly, and between the thighs, will assist in relieving it. At such a time, also, a smart dose of any kind of purgative medicine may be taken.

2dly, If pain, or even uneasiness at stomach, be produced by the tincture, which in some patients is

not uncommon, a small tea cup-ful of an infusion of chamomile flowers, or an infusion or decoction of any of the common stomachic bitters, such as columba, gentian, &c. taken along with each dose, will relieve it.

3dly, If the appetite be unimpaired, nourishing soups, plain roast or boiled meat, fowl or fish, with vegetables, simply dressed, are the most proper kind of food, with one, two, or more glasses of wine after dinner. In some states of great debility, I have found necessary, even for a time, to give about a pint of wine after dinner, and the same before going to bed. For common drink I should recommend soda-water, or, if preferred, simple toast and water.

4thly, No degree of cold, if the air be dry, can do the slightest harm. Cold lavation, or even cold bathing, may, if in other respects agreeable, be used with the greatest advantage. Moderate exercise on foot, or in a carriage, but by no means on horse-back, is extremely proper; but when the effect of the tincture has become troublesome, it will be necessary to refrain from every species of exercise, and to recline much on a sofa.

The matter of the discharge becomes gradually thick and opaque; this shews us, that the inflammatory action is begun; and now we must not continue to augment the doses; but if, as sometimes happens, this appearance remains stationary, or even goes off, when the dose is not increased, then it must be increased, but very cautiously. At length, an uneasy sensation is felt about the pubes, uneasiness, or even pain in the urethra, sometimes ardor urinæ, and repeated inclination to pass urine, and the discharge has the form of laudable pus.

At this time the doses are not to be augmented, but are to be diminished or stopt, just as the disagreeable sensations increase in severity.



After the use of the cantharides is left off, if the inflammation shall abate, and the discharge become more thin, the use of that medicine is to be resumed, and regulated as formerly ; -but if the discharge gradually goes off along with the inflammatory action, the medicine is not to be repeated, for the cure will be effected without farther assistance.

Very large doses of this medicine, sufficient to excite the urinary organs into violent action, seem quite unnecessary for the cure of any disease, and scarcely ever occur, except by mistake of the patient, or from his too great anxiety to get rapidly well. But it is a very pleasant reflection, that, independently of the very greatest degree of action into which these parts can be put by such over doses, no inconvenience or after-distress to the patient was ever, under my observation, occasioned by it. The story, so prevalent then, of irritation of the bladder, or of the neighbouring parts, from the violent, or even as has sometimes been talked of, from the slightest effect of the cantharides, is ridiculous. I myself have never seen it, and I believe it to be only a convenient excuse for those who start doubts from ill nature, and endeavour to maintain them by falsehood.

Persons predisposed to glandular swellings, cannot use the cantharides but with the utmost caution ; and where the glands are indolent, and of preternatural size, it would be very unsafe to prescribe this medicine, as inflammation and suppuration of these organs would be an almost infallible consequence.

To those affected with pain of chest, hard, dry, or teasing cough, in short, with symptoms of tubercles in the lungs, or of incipient phthisis, the cantharides must not be administered.

Regulated thus, we ensure its salutary efficacy, without incurring the risk of those pernicious effects

which attend daring ignorance, or equally culpable imprudence.

I have, in various cases, since the publication of my first work on that subject, employed the cantharides in substance. I have found it in every respect equally beneficial and equally safe as the tincture. In some, however, it creates pain in the stomach, when the tincture can in the same patients be taken with impunity. But in no other circumstance does it seem injurious.

The form I use it in is that of pills, each containing one-fourth of a grain of the powdered fly.

VII. *Means by which the bad Effects of Cantharides are alleviated or removed.*

If, from inattention, either on the part of the patient, or medical attendant, or from any unforeseen circumstance, there should supervene strangury, or or even complete suppression of urine, great pain in the organs of urine and generation, sickness, vomiting, headach, rapid and strong pulse, &c. warm fomentations are to be applied over the pubes, and smart saline cathartics are to be exhibited, with diluents.

In my own practice, smart cathartics, with these fomentations, have always been sufficient to alleviate the immediate pressure of distress; but, no doubt, the degree of the antiphlogistic treatment must be proportioned to the exigencies of the situation.

Dr Greenfield maintains, that camphor most powerfully corrects the effects of the cantharides. But this remains to be proved.

He exhibited them together, and others since have followed his example.

It appears from the experiments of Dr Forsten on dogs, that camphor taken with cantharides, certainly very much diminishes the activity of the lat-

ter.\* Half a dram of the powder of cantharides produced death; † but, the same quantity, given along with one scruple of camphor, produced only slight morbid symptoms, from which the animal completely recovered. ‡ When the same dose was given with only gr. xij of the camphor, the dog suffered much more severely; he refused food three days, but at last recovered perfectly. § Even g. viij. of camphor seemed to prevent the powdered cantharides from killing the animal; though, ¶ in another instance, the same dose of both proved fatal. || Olive-oil and opium also diminish the activity of the cantharides.

But I do not perceive the utility of giving these substances along with the cantharides, since it is probable that a small dose without, is equal to a greater dose with any of them.

Before we could consider these substances as antidotes to the cantharides, the experiment must be made in another way; the cantharides must first be allowed to produce the morbid or dangerous symptoms, and then we must try if the camphor, &c. will relieve or remove them.

### VIII. *Conclusion.*

THE medical properties, which I have assigned to the cantharides, are by no means consonant to the general opinions which now prevail, nor are they anticipated on any solid principles, so far as I have been able to ascertain in the works of the medical authors of former times.

\* Exp. 7<sup>th</sup> and 11<sup>th</sup>, p. 71 and 73.

† Exp. 20<sup>th</sup>, p. 78.

‡ Exp. 21<sup>st</sup>, p. 79.

§ Exp. 22<sup>d</sup>, and 25<sup>th</sup>, p. 79 and 81.

¶ Exp. 23<sup>d</sup>, p. 80.

|| P. 87.



For, though the internal use of the cantharides, in several diseases, is as ancient as the history of medicine, yet there has always prevailed great diversity of opinion with regard to the consequences of their admission into the animal system.

There is the most positive evidence on record, that cantharides have been singularly useful in many very desperate instances; but certainly they have often been followed by very alarming and destructive effects. How, then, are we to decide with regard to their merits as an article of the *materia medica*? If their effects were uniformly salutary, there could be no dispute about their utility, but there is no remedy of this description. If their effects were uniformly bad, their use ought to be abandoned; but they have at one time proved very salutary, at another very noxious. I have therefore deemed it my duty more carefully and scrupulously to observe those circumstances in which either event had succeeded their administration, in order to know when they might be prescribed with safety, and with well founded hopes of advantage.

Cantharides are proved to be a very active stimulus; and all the complaints in which they have been unequivocally and certainly useful, are those of debility or the atonic.

If the administration be too long continued, and the doses too great, or if they are administered during the prevalence of the phlogistic diathesis, bad consequences are to be expected: and such is the source of the different opinions, or rather mistaken notions entertained by authors with regard to this medicine.

Some have happened to employ cantharides opportunely, with the very best effects; and others unseasonably, and of course unfortunately. No wonder, then, that they have been both extolled and degraded; but had medical men carefully compared the dissimilar circumstances of the cases in which

they employed them, the reasons of success or of failure would have unveiled themselves.

Nature is correct and regular in her operations, and there is no such thing as chance : renew precisely the same causes and circumstances, and the event will be invariably and precisely the same.

Inattention to this mode of procedure has alone, I repeat, occasioned that diversity of opinion which prevailed with regard to the effects of the cantharides ; and this inattention, combined with the dread of danger, has almost banished them from practice as an internal remedy.

I flatter myself, however, that I have not endeavoured in vain to refute the errors which obstructed the very great advantages to be derived from the cantharides used internally ; and have assisted in vindicating the rank they should hold among the most valuable resources of the healing art.

It is now many years since I first began my researches respecting the nature of this substance, and its efficacy in the cure of diseases. My first attempts in the way of publication on the subject were on a contracted enough scale. But I am happy to find, that the principles even then announced, contained no erroneous or hurtful doctrine. The faults alone lay in my having too contracted a notion of the powers of that valuable medicine. Since that period, I have in part removed that objection, having proceeded somewhat further in my enquiries. Even yet, I am far from believing that I have ascertained nearly the effects of that medicine ; but I hope I shall, by patient perseverance, still farther develope their powers. If, however, I am deprived of this, I hope the specimen I have given the world will, independently of party spirit, or any similar bar to the advancement of every valuable fact, follow out these researches that the full powers of such an active medicine may be known. Thus, and by similar inves-

tigations, we would soon banish from our pharmacopœias that miscellaneous assemblage of drugs which can never be of use but to him who wishes to cover his mistakes and blunders in a multiplicity of at best unmeaning substances ; who can shield himself from detection where mystery prevails, but who would be afraid to proceed on the principles of simplicity and truth, and whose chief occupation is to deprecate improvement.

Throughout the present work I have adhered strictly to the bare statement of facts. Perhaps on that account, deprived of the flourishes of eloquence, it may to some appear defective. But I have long been of opinion, with Mr Horne Tooke, that "truth needs no ornament ; and, in my opinion, what she borrows of the pencil is deformity."

If my labours, then, or my researches, shall in any degree contribute to the alleviation of that wretchedness which either the diseases I have treated of, or the wrong treatment of them occasion, I shall be amply rewarded. —

*Handwritten notes:*  
 I have written this paper in the  
 most hurried manner I was capable of  
 I have made a list of names and  
 to each of his talents —  
 is a copy of the Robinson's  
 (concerning one  
 more and proper  
 I have  
 in the book.



# EXPLANATION OF THE PLATES.

## PLATE I.

FIG. I.

THIS figure represents a front view of the urinary and genital parts belonging to a man : where each part is (as much as possible) preserved in its proper situation.

A. The descending trunk of the aorta, or great artery.

B. The division of this trunk, where it sends branches to the under extremities.

C. The two kidneys; of which the right is somewhat lower than the left

D. The ascending trunk of the vena cava.

E. The emulgent veins and arteries.

F. The spermatic arteries and veins; which take their rise from the aorta, and the vena cava and emulgent vessels, and run along interwoven with each other to the testicles.

G. The ureters; descending from the kidneys to the bladder.

H. The vasa deferentia; which carry the semen from the testicles to the vesiculæ seminales.

I. The testicles.

K. The bladder of urine.

L. The neck of the bladder; which is muscular, and forms

the sphincter: by means of which the urine is retained.

M. The elevating muscle of the penis; whereby it is fastened to the os-pubis: and which contracts the venæ penis, so that the blood must swell up the cavernous body of the penis; and thus become erect.

N. O. The musculi directores penis; these are the lateral muscles, which contribute also to the erection.

P. The penis.

Q. The glans.

R. The inguinal glands.

S. Part of the intestinum rectum.

FIG. II.

The inside of a kidney.

A. The body of the glandulous substance of a kidney; where the urine is formed.

B. The emulgent artery.

C. The emulgent vein.

D. The bason; into which the various ducts pour the urine from the kidney, as it is formed.

E. The ureter; which carries the urine to the bladder.

FIG. III.

The scrotum; and the manner the testicles are contained in it.

A. The testicles.

B. The spermatic vessels, and vasa deferentia.

C. The peritonæum; which continues from the abdomen, inclosing both testicles, though separately, in the scrotum.

D. The scrotum.

E. The septum which divides the scrotum; and helps to suspend it.

#### FIG. IV.

The inside of a testicle.

A. The glandulous substance of the testicle.

B. The skin which covers it.

C. The spermatic vessels.

D. The vasa deferentia.

### EXPLANATION OF PLATE II.

#### FIG. I.

THIS figure represents the membrum virile in its natural position, viewed side-ways; in order to exhibit the curve of the urethra, as well when the member is erect, as when it is flaccid.

A. The bladder.

B. Part of the intestinum rectum

C. The anus.

D. The neck of the bladder.

E. The urethra; this part from O to C is called the peritonæum,

F. The conjunction of the os pubis.

G. The connexion of the rectores, &c.

H. The pubis.

L. The abdomen.

M. The penis when erect.

N. The glans.

O. The penis when flaccid.

P. The scrotum.

Q. The testicle.

R. The spermatic vessels.

S. The vas deferens.

T. The ureter.

U. The vesiculæ seminales.

urethra which is next to the rectum.

A. A portion of the bladder.

B. The ureters.

C. The vasa deferentia.

D. The vesiculæ seminales.

E. The prostate gland.

F. Part of the urethra.

G. The blood-vessels of the vesiculæ seminales.

H. The mucous glands.

I. Two small glands near the prostate.

K. The accelerator; divided in the middle, and expanded.

L. The bulb of the cavernous body of the urethra, inflated, and divested of the accelerator muscle.

M. The third pair of muscles of the penis.

N. The musculi directores penis.

#### FIG. III.

The cavernous body of the urethra, with the glans, slit open, so as to see it partly inside.

A. The cavernous body.

#### FIG. II.

Representing that part of the

B. The urethra.

C. The cavity formed in the corpus cavernosum glandis penis; in which the extremities of the corpus cavernosa penis are received.

D. The upper part of the glans.

E. The glans.

F. The frænum.

#### FIG. IV.

Shews the situation of the inguinal glands, and the neighbouring parts.

A. The glands.

B. The testicle.

C. The sartorius.

D. The rectus femoris.

E. The triceps.

### EXPLANATION OF PLATE III.

AAA. External surface of the bladder.

B. The part of the bladder into which we strike the trocar in perforating it from the rectum.

C. The prostate gland.

D. The vesiculæ seminales.

E. The vasa deferentia running into the vesiculæ.

F. The ureters which enter the bladder about an inch behind the vesiculæ and toward the side of them.

G. The membranous part of the urethra.

HH. The cavernous bodies; where they rise from the arch of the pubis.

I. These two bodies unite, and form the body of the penis.

K. The pendulous part of the bulb of the urethra; this bulbous portion occupies all the perineum, and is covered by the accelerator urinæ muscle.

L. The bulbous part of the urethra, and the accelerator urinæ muscle cease here. But the cellular body (distinct from the corpora cavernosa penis) accompanies the urethra the whole way, till, at the point of the urethra, it is dilated to form the glans penis.

M. The glans.

N. The fasciæ of the penis.

### EXPLANATION OF PLATE IV.

#### FIG. I.

THE forepart of a human penis prepared; so as to exhibit it in the state in which it is when it is erect.

A. Part of the sphincter ani.

B. The transversales.

C. The arteries of the penis.

D. The muscoli erectores.

These muscles are spread, in order to exhibit them more distinctly.

E. The vena penis.

F. The corpora cavernosa.

G. The skin separated from the penis.

g. The lymphatic vessels.

H. The nerves of the penis.

I. That part of the skin which composes the præpuce.

#### FIG. II.

A. Part of the penis.

B. The duplicature.



C. Glans.

D. The crown.

FIG. III.

The back part of the penis;  
prepared as before.

A. Part of the sphincter ani.

B. The musculi transversales  
penis.

C. The directores, or erecto-  
res.

D. The corpora cavernosa  
penis.

E. The corpus cavernosum  
urethræ.

F. The frænum.

G. The glans.

H. The arteries.

I. The nerves.

K. The bulb, covered with  
the musculus accelerator.

FIG. IV.

The fore-part of the urethra laid  
open to shew the orifices of the  
excretory ducts of the mucous  
glands; and the openings of the  
ureters, and from the vesiculæ  
seminales.

A. Part of the bladder.

BB. The openings from the  
ureters.

C. The caruncle, or caput  
gallinaginis; with the mouth of  
the excretory ducts of the pros-  
tates.

D. The openings of the  
mucous glands.

E. Parts of the seminal ves-  
sels.

F. The vasa deferentia.

G. The mucous glands.

H. The bulb of the caver-  
nous body of the urethra.

FIG. V.

The vesiculæ seminales, and  
vasa deferentia inflated, to shew  
its natural form and cavities.

A. The inward cavities of  
the vesicle.

B. The external form.

C. The vas deferens left  
whole.

D. The common orifice.

E. The vas deferens cut  
through.

FIG. VI.

A longitudinal dissection of  
the penis, in order to shew the in-  
ternal part of the cavernous bo-  
dy and the septum.

A. The corpora cavernosa  
penis.

B. The septum.

C. The capsula or mem-  
brane.

D. The corpus cavernosum  
glandis penis.

FIG. VII.

A transverse section of the  
penis.

A. The trunk of the vena  
penis.

B. The urethra, and its cor-  
pus cavernosum.

C. The corpora cavernosa  
penis.

D. The trunk of the arte-  
ries.

E. The tegument of the  
corpus.

F. The capsula, or common  
tegument.

## EXPLANATION OF PLATE V.

A. Os pubis.

B. Os sacrum.

C. Bladder.

D. Ureter.

E. Rectum.

F. Levator ani.

G. Anus.  
 H. Spermatic vessels.  
 I. Testis.  
 K. Vas deferens.  
 L. Vesiculæ seminales.  
 M. Their termination.  
 N. Prostate gland.  
 O. Membranous part of the urethra.

P. One of Cowper's glands.  
 Q. Corpus cavernosum cut across.  
 R. Urethra, with its corpus spongiosum cut.  
 S. Vena Magna.  
 T. Crus penis cut across.  
 U. Catheter in the urethra.

### EXPLANATION OF PLATE VI.

A. The external surface of the flaccid bladder.

B. The folds into which the bladder falls in this flaccid state

C. The eminence which the prostate gland makes within the bladder.

D. The cut substance of the prostate gland.

E. E. The caput galinaginis,

and openings of the seminal ducts.

F.F. Enlarged lacunæ, which in their healthy state secrete mucus to lubricate the urethra, and pour out the discharge in gonorrhœa.

G. One of these lacunæ uncommonly large, into which the point of a bougie may enter.

### EXPLANATION OF PLATE VII.

REPRESENTS a stricture at the bulb of the urethra, where the sides of the urethra had approached each other nearly in a point, and where the stricture is so narrow, as just to allow a bristle to pass through it.

A. A. The posterior surface of the bladder, which is contracted and thickened in its coats.

B. B. The two ureters near their insertion.

C. C. The two vesiculæ seminales, with the vasa deferentia, not very accurately dissected.

D. D. The prostate gland somewhat enlarged in its size.

E. The urethra at the membranous part laid open, and sound in its structure. A quill has been put into it, leading on to the bladder.

F. The urethra near the exterior extremity of the penis, in a healthy state.

G. The stricture at the bulb of the urethra, so narrow as just to allow a bristle to pass through it.

H. H. A part of the crura of the corpora cavernosa.

### EXPLANATION OF PLATE VIII.

REPRESENTS two strictures in the urethra. The one is near the bulb, and the other is with-

in two inches of the orifice of the urethra.

A. A. A small portion of

the bladder, a little thickened in its coats, with the insertion of the ureters very observable.

B B. The two sides of the prostate gland in a sound state

C C. The crura of the corpora cavernosa penis divided.

D D. The corpora cavernosa themselves divided.

E E. The glans penis also divided.

F. The anterior stricture, which is of short extent, but the

inner membrane of the urethra is a little irregular and thickened.

G. The stricture near the bulb, which is nearly an inch in length; the rest of the urethra is in a healthy state.

A. A. The urethra of its natural width.

B. The stricture.

C. C. Part of the corpora cavernosa.

### EXPLANATION OF PLATE IX.

The urethra opened in two different places, one before the stricture, the other behind; the one before is through the body of the penis; the other behind, is upon the anterior surface of the membranous part, and a bougie passes from the one opening to the other.

A. A. The crura penis and bulbous part of the urethra all blended together by inflammation and suppuration, which has taken place in many parts.

B. B. The prostate gland in a diseased state.

C. C. The cut edges of the bladder.

D. The urethra behind the stricture very much enlarged, irregular on the surface in consequence of ulceration.

E E. The cut surface of the corpus cavernosum penis.

F. F. The cut surface of the corpus spongiosum urethra.

G. G. The bougie passing from the sound to the unsound part of the urethra.

H. A small bougie in the new passage.

### EXPLANATION OF PLATE X.

REPRESENTS an ulcer in the membranous part of the urethra. It is of considerable extent, and had destroyed not only the coats of the urethra, but the integuments at this part.

A. A. A portion of the bladder considerably thickened, with the fasciculi of its muscular fibres strongly marked,

B. B. The cavity of the prostate gland, enlarged from distention in consequence of the accumulation of the urine be-

hind the ulcer. The ducts of the prostate gland may be seen very much enlarged from the same cause.

C. The ulcer in the membranous part of the urethra.

D. A narrow part of the urethra, immediately before the ulcer, which had been a part of the stricture destroyed by the process of ulceration.

E. E. A part of the corpora cavernosa.



## EXPLANATION OF PLATE IX.

REPRESENTS a fistula in perinæo.

A. A section of the bladder very much thickened in its coats.

B. A section of the prostatic gland, which from the thickened state of the bladder, is very obscurely marked.

C. The cavity of the prostatic gland, and of the membranous part of the urethra.

D. A fistulous orifice leading to a long fistulous canal.

E. Another orifice, or rather short duct, communicating with the same canal.

F. F. the fistulous canal it-

self, in which there is a long slender bristle leading from the orifice.

D. It has one of its terminations in the scrotum.

G. Another termination of the fistulous canal in the perinæum.

H. The stricture in the urethra, through which a bristle is passed.

I. The remaining part of the urethra.

K. A part of the corpora cavernosa.

L. The scrotum somewhat corrugated.

## EXPLANATION OF PLATE XII.

## FIG. I.

REPRESENTS a side view of the genital parts peculiar to the female.

A. The bladder.

B. The vagina.

C. The uterus.

D. Part of the fallopian tube.

E. Part of the rectum.

F. Mons veneris.

K. G. N. Pudendum muliebre.

K. N. The rima magna.

G. The labiæ.

H. The Nymphæ

I. The clitoris.

K. The præpuce of the clitoris,

L. The meatus urinarius.

M. The orifice of the vagina.

N. The perinæum; the space between the pudendum, and the anus.

O. The anus.

P. The ureters.

R. The carunculæ myrtiformes.

## FIG. II.

This figure represents the uterus and vagina; partly opened.

A. The uterus; that part next the rectum.

B. The inside of the vagina; with the rugæ, and the small openings of the mucous glands, called Lacunæ.

C. The mouth of the uterus.

D. The orifice of the meatus urinarius.

E. The carunculæ myrtiformes.

F. The præpuce of the clitoris.

G. The clitoris.

H. The external part of the vagina.

I. The fallopian tubes.

L. The external parts of the ovaria.

K. The ovaria freed from the skin.

L. The spermatic vessels.

M. The loose flaps of the tubes, called the morsus diaboli.

N. The broad ligaments; properly nothing but a continuation of the peritonæum.

O. The ureters.

P. The ligamenta rotunda.

Q. Its extremities; which are fixed at the os pubis, and where its ramifications end in the clitoris.

R. Some of the blood vessels; which from the spermatic vessels, give their branches to the fallopian tubes, and the uterus.

### FIG. III.

The clitoris, and its appendages; inflated, as it is in coitu.

A. The body of the clitoris; distended, as it is with blood in coitu.

B. The great vein,

C, The arteries and nerves.

D. The extremity of the corpora cavernosa of the crura; cut from the ossa pubis.

E. The musculi erectores clitoridis, freed from the ossa coxendicis, and left at their terminations.

F. The crura also distended.

G. The corpus cavernosum pudendi, inflated by the veins of the clitoris.

FINIS.

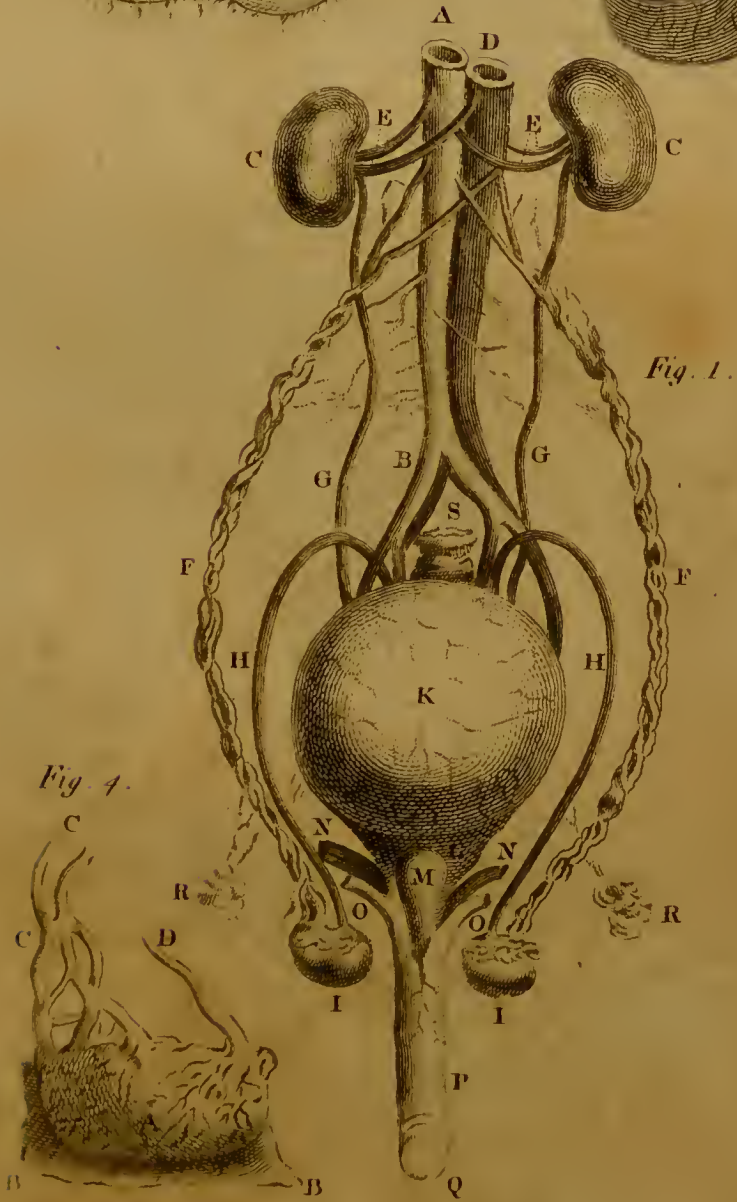
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*Printed by John Moir, Edinburgh.*

*Fig. 3.*



*Fig. 2.*



*Fig. 4.*

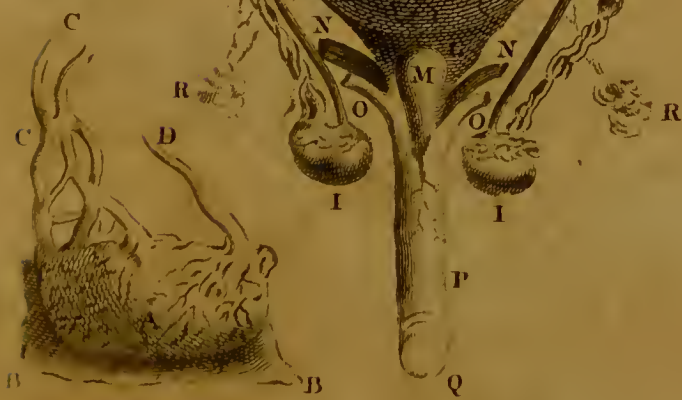






Fig. 1.

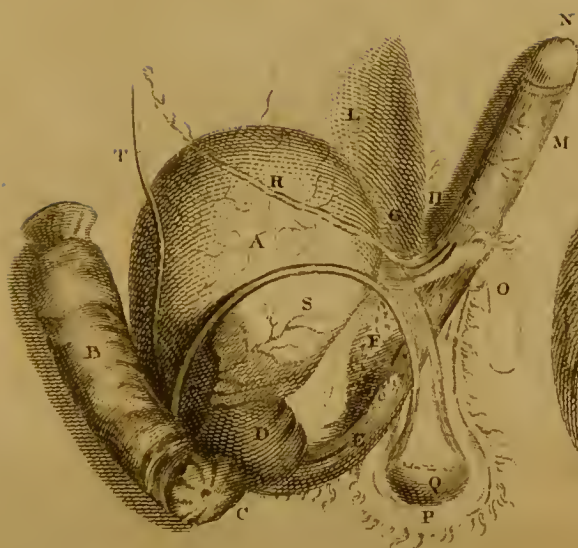


Fig. 4.



Fig. 2.



Fig. 3.

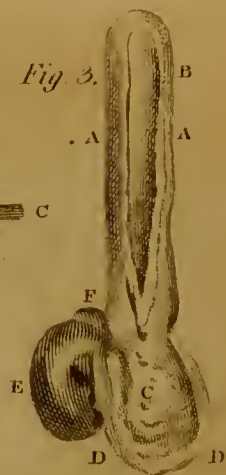




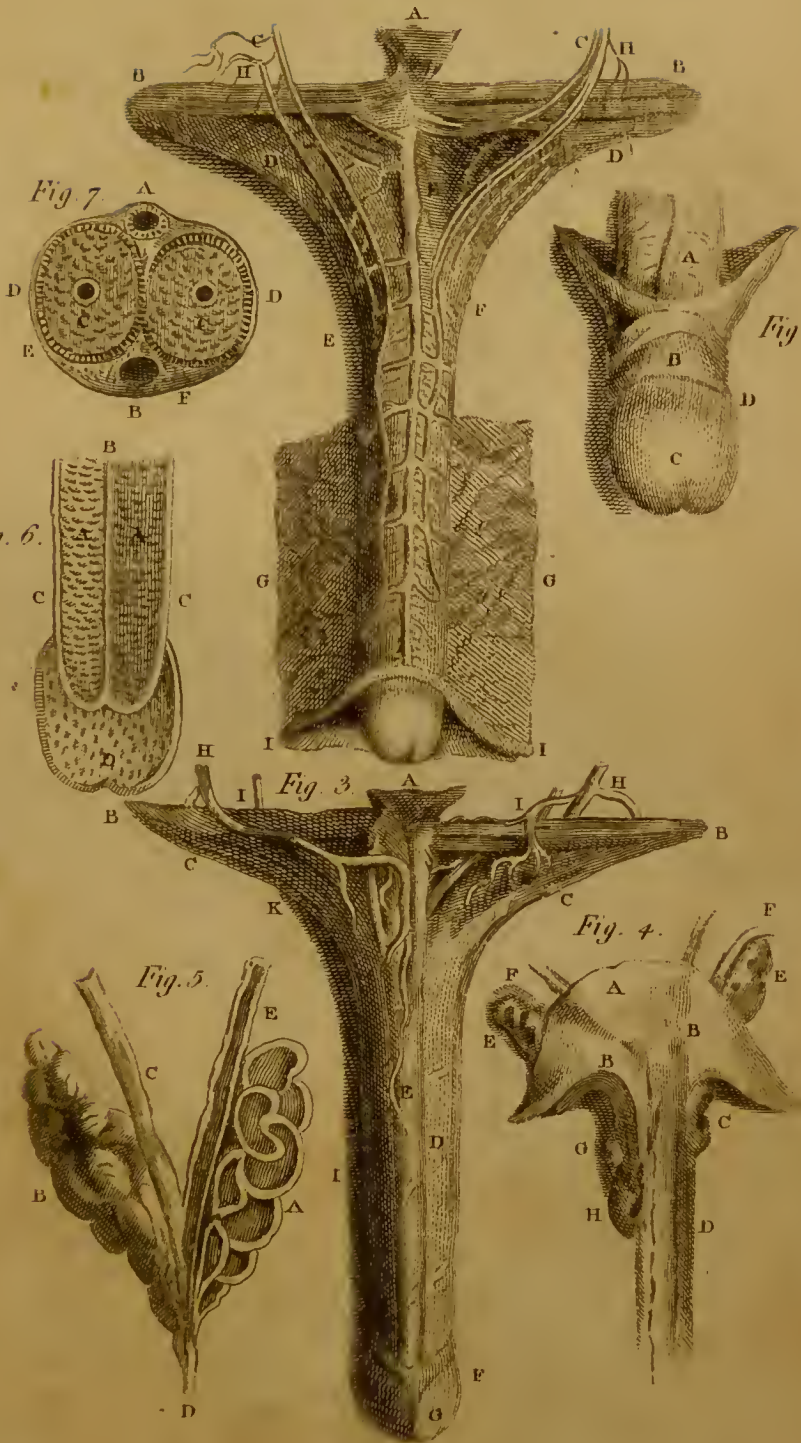


Plate III.





Fig. 1.







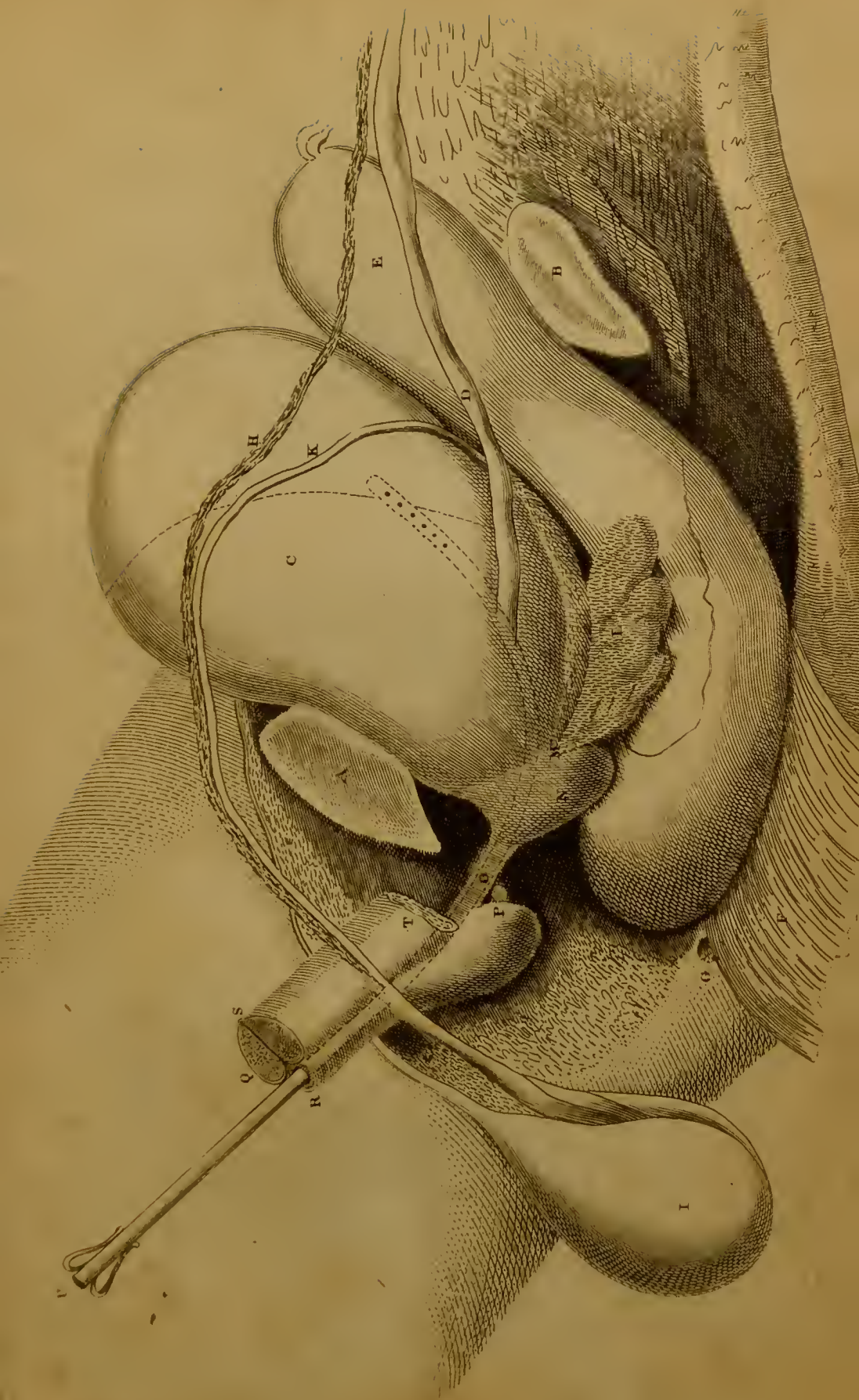






Plate VI.





Plate VII.







Plate VIII







Plate IX

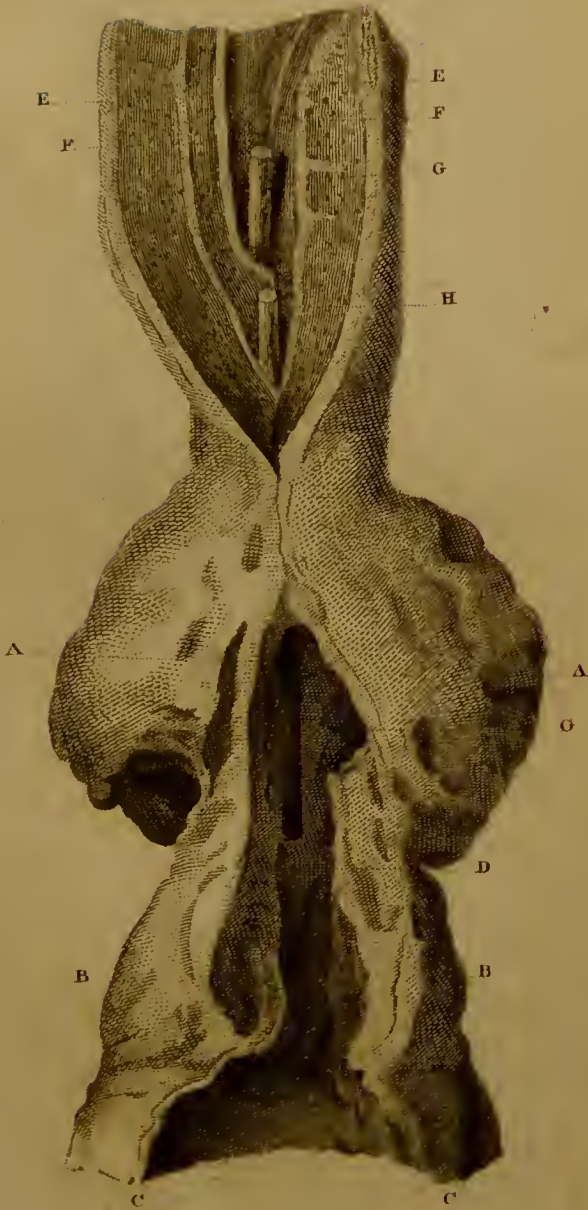




Plate X.













